

Fill in this information to identify your case:

United States Bankruptcy Court for the:

District of Montana

Case number (If known): \_\_\_\_\_ Chapter you are filing under:

- ☐ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☒ Chapter 13

☐ Check if this is an amended filing

## Official Form 101

# Voluntary Petition for Individuals Filing for Bankruptcy

12/22

The bankruptcy forms use *you* and *Debtor 1* to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint* case—and in joint cases, these forms use *you* to ask for information from both debtors. For example, if a form asks, “Do you own a car,” the answer would be *yes* if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Identify Yourself

#### 1. Your full name

Write the name that is on your government-issued picture identification (for example, your driver's license or passport).

Bring your picture identification to your meeting with the trustee.

#### About Debtor 1:

Misty

First name

Lee

Middle name

Roberts

Last name

\_\_\_\_\_  
Suffix (Sr., Jr, II, III)

#### About Debtor 2 (Spouse Only in a Joint Case):

James

First name

Darin

Middle name

Clemons

Last name

\_\_\_\_\_  
Suffix (Sr., Jr, II, III)

#### 2. All other names you have used in the last 8 years

Include your married or maiden names and any assumed, trade names and *doing business as* names.

Do NOT list the name of any separate legal entity such as a corporation, partnership, or LLC that is not filing this petition.

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle name

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle name

\_\_\_\_\_  
Last name

dba Medicine Flower Lodge

Business name (if applicable)

\_\_\_\_\_  
Business name (if applicable)

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle name

\_\_\_\_\_  
Last name

\_\_\_\_\_  
First name

\_\_\_\_\_  
Middle name

\_\_\_\_\_  
Last name

\_\_\_\_\_  
Business name (if applicable)

\_\_\_\_\_  
Business name (if applicable)

#### 3. Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)

xxx - xx - 3 2 8 0

OR

9xx - xx - \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

xxx - xx - 5 7 1 6

OR

9xx - xx - \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Debtor 1                      **Misty**                      **Lee**                      **Roberts**  
Debtor 2                      **James**                      **Darin**                      **Clemons**  
First Name                      Middle Name                      Last Name

Case number (if known) \_\_\_\_\_

**About Debtor 1:**

**About Debtor 2 (Spouse Only in a Joint Case):**

**4. Your Employer Identification Number (EIN), if any.**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
EIN  
  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
EIN

\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
EIN  
  
\_\_\_\_ - \_\_\_\_ - \_\_\_\_  
EIN

**5. Where you live**

**If Debtor 2 lives at a different address:**

**29 Powder River Lane**  
Number                      Street

\_\_\_\_\_  
Number                      Street

**Red Lodge, MT 59068**  
City                                      State                      ZIP Code

\_\_\_\_\_  
City                                      State                      ZIP Code

**Carbon**  
County

\_\_\_\_\_  
County

**If your mailing address is different from the one above, fill it in here.** Note that the court will send any notices to you at this mailing address.

**If Debtor 2's mailing address is different from yours, fill it in here.** Note that the court will send any notices to you at this mailing address.

\_\_\_\_\_  
Number                      Street

\_\_\_\_\_  
Number                      Street

**PO Box 2313**  
P.O. Box

\_\_\_\_\_  
P.O. Box

**Red Lodge, MT 59068**  
City                                      State                      ZIP Code

\_\_\_\_\_  
City                                      State                      ZIP Code

**6. Why you are choosing this district to file for bankruptcy**

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check one:*

☒ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.

☐ I have another reason. Explain.  
(See 28 U.S.C. § 1408)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Debtor 1                      **Misty**                      **Lee**                      **Roberts**  
Debtor 2                      **James**                      **Darin**                      **Clemons**  
First Name                      Middle Name                      Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Tell the Court About Your Bankruptcy Case

7. **The chapter of the Bankruptcy Code you are choosing to file under**      *Check one.* (For a brief description of each, see *Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy* (Form 2010)). Also, go to the top of page 1 and check the appropriate box.

- ☐ Chapter 7  
☐ Chapter 11  
☐ Chapter 12  
☒ Chapter 13

8. **How you will pay the fee**

- ☒ **I will pay the entire fee when I file my petition.** Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.
- ☐ **I need to pay the fee in installments.** If you choose this option, sign and attach the *Application for Individuals to Pay The Filing Fee in Installments* (Official Form 103A).
- ☐ **I request that my fee be waived** (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the *Application to Have the Chapter 7 Filing Fee Waived* (Official Form 103B) and file it with your petition.

9. **Have you filed for bankruptcy within the last 8 years?**

- ☐ No.
- ☒ Yes. District District of Montana When 07/13/2021 Case number 1:21-bk-10080  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY
- District \_\_\_\_\_ When \_\_\_\_\_ Case number \_\_\_\_\_  
MM / DD / YYYY

10. **Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?**

- ☒ No.
- ☐ Yes. Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY
- Debtor \_\_\_\_\_ Relationship to you \_\_\_\_\_  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_  
MM / DD / YYYY

11. **Do you rent your residence?**

- ☒ No. Go to line 12.
- ☐ Yes. Has your landlord obtained an eviction judgment against you?
- ☐ No. Go to line 12.
- ☐ Yes. Fill out *Initial Statement About an Eviction Judgment Against You* (Form 101A) and file it as part of this bankruptcy petition.

Debtor 1                      **Misty**                      **Lee**                      **Roberts**  
Debtor 2                      **James**                      **Darin**                      **Clemons**  
First Name                      Middle Name                      Last Name

Case number (if known) \_\_\_\_\_

**Part 3:** Report About Any Businesses You Own as a Sole Proprietor

**12. Are you a sole proprietor of any full- or part-time business?**

A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.

If you have more than one sole proprietorship, use a separate sheet and attach it to this petition.

☒ No. Go to Part 4.

☐ Yes. Name and location of business

\_\_\_\_\_  
Name of business, if any

\_\_\_\_\_  
Number                      Street

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP Code

*Check the appropriate box to describe your business:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ None of the above

**13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a *small business debtor* or a debtor as defined by 11 U.S.C. § 1182(1)?**

For a definition of *small business debtor*, see 11 U.S.C. § 101(51D).

*If you are filing under Chapter 11, the court must know whether you are a small business debtor or a debtor choosing to proceed under Subchapter V so that it can set appropriate deadlines. If you indicate that you are a small business debtor or you are choosing to proceed under Subchapter V, you must attach your most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).*

☒ No. I am not filing under Chapter 11.

☐ No. I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy Code.

☐ Yes. I am filing under Chapter 11, I am a small business debtor according to the definition in the Bankruptcy Code, and I do not choose to proceed under Subchapter V of Chapter 11.

☐ Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention

14. Do you own or have any property that poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs immediate attention?

For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?

☒ No.

☐ Yes. What is the hazard?

If immediate attention is needed, why is it needed?

Where is the property?

Number

Street

City

State

ZIP Code

Debtor 1  
Debtor 2

**Misty**  
**James**  
First Name

**Lee**  
**Darin**  
Middle Name

**Roberts**  
**Clemons**  
Last Name

Case number (if known) \_\_\_\_\_

**Part 5: Explain Your Efforts to Receive a Briefing About Credit Counseling**

**15. Tell the court whether you have received a briefing about credit counseling.**

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

**About Debtor 1:**

*You must check one:*

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file.

You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**About Debtor 2 (Spouse Only in a Joint Case):**

*You must check one:*

☒ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.**

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ **I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.**

Within 14 days after you file this bankruptcy petition, you **MUST** file a copy of the certificate and payment plan, if any.

☐ **I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.**

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file.

You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ **I am not required to receive a briefing about credit counseling because of:**

☐ **Incapacity.** I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ **Disability.** My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ **Active duty.** I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

**Part 6:** Answer These Questions for Reporting Purposes

- 16. What kind of debts do you have?**
- 16a. **Are your debts primarily consumer debts?** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."
- ☒ No. Go to line 16b.  
☐ Yes. Go to line 17.
- 16b. **Are your debts primarily business debts?** *Business debts* are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment.
- ☐ No. Go to line 16c.  
☒ Yes. Go to line 17.
- 16c. State the type of debts you owe that are not consumer debts or business debts.  
 \_\_\_\_\_
- 17. Are you filing under Chapter 7?** ☒ No. I am not filing under Chapter 7. Go to line 18.  
☐ Yes. I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses are paid that funds will be available to distribute to unsecured creditors?  
☐ No  
☐ Yes
- 18. How many creditors do you estimate that you owe?**
- |   |  |  |   |  |
|---|--|--|---|--|
| <input type="checkbox"/> 1-49             | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000 | <input type="checkbox"/> 50,000-100,000 | <input type="checkbox"/> More than 100,000 |
| <input checked="" type="checkbox"/> 50-99 | <input type="checkbox"/> 5,001-10,000  |  |   |  |
| <input type="checkbox"/> 100-199          | <input type="checkbox"/> 10,001-25,000 |  |   |  |
| <input type="checkbox"/> 200-999          |  |  |   |  |
- 19. How much do you estimate your assets to be worth?**
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |
- 20. How much do you estimate your liabilities to be?**
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0-\$50,000          | <input checked="" type="checkbox"/> \$1,000,001-\$10 million | <input type="checkbox"/> \$500,000,001-\$1 billion     |
| <input type="checkbox"/> \$50,001-\$100,000    | <input type="checkbox"/> \$10,000,001-\$50 million           | <input type="checkbox"/> \$1,000,000,001-\$10 billion  |
| <input type="checkbox"/> \$100,001-\$500,000   | <input type="checkbox"/> \$50,000,001-\$100 million          | <input type="checkbox"/> \$10,000,000,001-\$50 billion |
| <input type="checkbox"/> \$500,001-\$1 million | <input type="checkbox"/> \$100,000,001-\$500 million         | <input type="checkbox"/> More than \$50 billion        |

**Part 7:** Sign Below

**For you**

I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct.

If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11, 12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7.

If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

<p><b>X</b> <u>/s/ Misty Lee Roberts</u></p> <p>Misty Lee Roberts, Debtor 1</p> <p>Executed on <u>02/27/2023</u></p> <p style="text-align: center;">MM/ DD/ YYYY</p>	<p><b>X</b> <u>/s/ James Darin Clemons</u></p> <p>James Darin Clemons, Debtor 2</p> <p>Executed on <u>02/27/2023</u></p> <p style="text-align: center;">MM/ DD/ YYYY</p>
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Debtor 1	<b>Misty</b>	<b>Lee</b>	<b>Roberts</b>	
Debtor 2	<b>James</b>	<b>Darin</b>	<b>Clemons</b>	
	First Name	Middle Name	Last Name	Case number (if known) _____

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page.

I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

<b>X</b> <u>/s/ Andrew W. Pierce</u>	Date <u>02/27/2023</u>
Signature of Attorney for Debtor	MM / DD / YYYY

Andrew W. Pierce  
Printed name

Pierce Law Firm, PC  
Firm name

PO Box 280  
Number Street

<u>Missoula</u>	<u>MT</u>	<u>59806</u>
City	State	ZIP Code

Contact phone (406) 540-5206 Email address drew@piercelawmt.com

<u>5029</u>	<u>MT</u>
Bar number	State



Fill in this information to identify your case:

Debtor 1	<u>MISTY</u>	<u>LEE</u>	<u>ROBERTS</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>JAMES</u>	<u>DARIN</u>	<u>CLEMONS</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>DISTRICT OF MONTANA</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

## Official Form 106Sum

# Summary of Your Assets and Liabilities and Certain Statistical Information

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

### Part 1: Summarize Your Assets

#### 1. *Schedule A/B: Property* (Official Form 106A/B)

1a. Copy line 55, Total real estate, from <i>Schedule A/B</i> .....	<u>\$2,467,200.00</u>
1b. Copy line 62, Total personal property, from <i>Schedule A/B</i> .....	<u>\$127,357.66</u>
1c. Copy line 63, Total of all property on <i>Schedule A/B</i> .....	<u>\$2,594,557.66</u>

#### Your assets

Value of what you own

### Part 2: Summarize Your Liabilities

#### 2. *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 106D)

2a. Copy the total you listed in Column A, <i>Amount of claim</i> , at the bottom of the last page of Part 1 of <i>Schedule D</i> .....	<u>\$2,697,996.71</u>
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#### 3. *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 106E/F)

3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of <i>Schedule E/F</i> .....	<u>\$458,097.80</u>
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of <i>Schedule E/F</i> .....	<u>\$394,693.63</u>

#### Your total liabilities

#### Your liabilities

Amount you owe

\$3,550,788.14

### Part 3: Summarize Your Income and Expenses

#### 4. *Schedule I: Your Income* (Official Form 106I)

Copy your combined monthly income from line 12 of <i>Schedule I</i> .....	<u>\$22,110.74</u>
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#### 5. *Schedule J: Your Expenses* (Official Form 106J)

Copy your monthly expenses from line 22c of <i>Schedule J</i> .....	<u>\$18,636.60</u>
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Debtor 1	<b>MISTY</b>	<b>LEE</b>	<b>ROBERTS</b>
Debtor 2	<b>JAMES</b>	<b>DARIN</b>	<b>CLEMONS</b>
	First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

**Part 4:** Answer These Questions for Administrative and Statistical Records

**6. Are you filing for bankruptcy under Chapters 7, 11, or 13?**

- ☐ No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.
- ☒ Yes

**7. What kind of debt do you have?**

- ☐ **Your debts are primarily consumer debts.** *Consumer debts* are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- ☒ **Your debts are not primarily consumer debts.** You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

**8. From the Statement of Your Current Monthly Income:** Copy your total current monthly income from Official Form 122A-1 Line 11; **OR**, Form 122B Line 11; **OR**, Form 122C-1 Line 14.

**9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:**

	Total claim
<b>From Part 4 on Schedule E/F, copy the following:</b>	
9a. Domestic support obligations (Copy line 6a.)	_____
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	_____
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	_____
9d. Student loans. (Copy line 6f.)	_____
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	_____
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+ _____
9g. <b>Total.</b> Add lines 9a through 9f.	<div style="border: 1px solid black; height: 30px; width: 100%;"></div>

Fill in this information to identify your case and this filing:

Debtor 1	<u>MISTY</u>	<u>LEE</u>	<u>ROBERTS</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>JAMES</u>	<u>DARIN</u>	<u>CLEMONS</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>DISTRICT OF MONTANA</u>		
Case number	_____		

☐ Check if this is an amended filing

## Official Form 106A/B

### Schedule A/B: Property

12/15

In each category, separately list and describe items. List an asset only once. If an asset fits in more than one category, list the asset in the category where you think it fits best. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Each Residence, Building, Land, or Other Real Estate You Own or Have an Interest In

1. Do you own or have any legal or equitable interest in any residence, building, land, or similar property?

- ☐ No. Go to Part 2.  
☒ Yes. Where is the property?

1.1 **DECLARATION OF HOMESTEAD  
RECORDED ON SEPTEMBER 7, 2021  
IN CARBON COUNTY.**

Street address, if available, or other description

29 POWDER RIVER LANE

RED LODGE, MT 59068

City State ZIP Code

CARBON

County

What is the property? Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☒ Manufactured or mobile home  
☒ Land  
☐ Investment property  
☐ Timeshare  
☐ Other \_\_\_\_\_

Who has an interest in the property? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

Other information you wish to add about this item, such as local property identification number: \_\_\_\_\_

Source of Value: TAX ASSESSED VAL 140K, ZILLOW VALUE \$267,200.

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?

\$267,200.00

Current value of the portion you own?

\$267,200.00

Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

PURCHASER'S INTEREST IN CONTRACT FOR DEED (NOTICE RECORDED 11/2/2017)

☐ Check if this is community property (see instructions)

Debtor 1  
Debtor 2

MISTY JAMES	LEE DARIN	ROBERTS CLEMONS
First Name	Middle Name	Last Name

Case number (if known) \_\_\_\_\_

1.2 **5 DREAMCATCHER LANE (VALUE ESTIMATED)**

Street address, if available, or other description

RED LODGE, MT 59068

City State ZIP Code

CARBON

County

**What is the property?** Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare

☒ Other LODGE, GUESTHOUSE, 2 BUNKHOUSES, POLE BARN

**Who has an interest in the property?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

**Source of Value:** TERMINATED BUY-SELL AGREEMENT

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**

\$1,100,000.00

**Current value of the portion you own?**

\$1,100,000.00

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

**PURCHASER'S INTEREST IN CONTRACT FOR DEED**

☐ **Check if this is community property**  
(see instructions)

1.3 **10 DREAMCATCHER LANE (VALUE ESTIMATED)**

Street address, if available, or other description

RED LODGE, MT 59068

City State ZIP Code

CARBON

County

**What is the property?** Check all that apply.

- ☐ Single-family home  
☐ Duplex or multi-unit building  
☐ Condominium or cooperative  
☐ Manufactured or mobile home  
☐ Land  
☐ Investment property  
☐ Timeshare

☒ Other 3BD 2BA LOG HOME, STUDIO CABIN & COVERED PICNIC PAVILLION

**Who has an interest in the property?** Check one.

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

**Other information you wish to add about this item, such as local property identification number:** \_\_\_\_\_

**Source of Value:** TERMINATED BUY-SELL AGREEMENT

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

**Current value of the entire property?**

\$1,100,000.00

**Current value of the portion you own?**

\$1,100,000.00

**Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.**

FEE SIMPLE

☐ **Check if this is community property**  
(see instructions)

2. **Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....**

→ \$2,467,200.00

Part 2: Describe Your Vehicles

**Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not?** Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on *Schedule G: Executory Contracts and Unexpired Leases*.

3. **Cars, vans, trucks, tractors, sport utility vehicles, motorcycles**

☐ No  
☒ Yes

3.1 Make:
**GMC**

Model:
**SIERRA K3500**

Year:
**2019**

Approximate mileage:
**200000**

Other information:

GASOLINE MOTOR, APPROX. 200K MI., HAS RUST.

Who has an interest in the property? Check one.

☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?
**\$25,000.00**

Current value of the portion you own?
**\$25,000.00**

If you own or have more than one, list here:

3.2 Make:
**CHEVROLET**

Model:
**TRAILBLAZER**

Year:
**2004**

Approximate mileage:
**185000**

Other information:

BODY DAMAGE

Who has an interest in the property? Check one.

☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?
**\$900.00**

Current value of the portion you own?
**\$900.00**

3.3 Make:
**FORD**

Model:
**ECONOLINE E150**

Year:
**1994**

Approximate mileage:
**190000**

Other information:

DAMAGED, NON-RUNNING, SCRAP VALUE

Who has an interest in the property? Check one.

☐ Debtor 1 only  
☒ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another

☐ Check if this is community property (see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the entire property?
**\$200.00**

Current value of the portion you own?
**\$200.00**

1:23-bk-10019-BPH
Doc#: 1
Filed: 02/28/23
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Official Form 106A/B
Schedule A/B: Property
page 3

Debtor 1                      **MISTY**                      **LEE**                      **ROBERTS**  
Debtor 2                      **JAMES**                      **DARIN**                      **CLEMONS**  
First Name                      Middle Name                      Last Name

Case number (if known) \_\_\_\_\_

3.4 Make: CHEVY Who has an interest in the property? Check one.

Model: SILVERADO  
1500

Year: 2006

Approximate mileage: 294000

Other information:

PAINT DAMAGE / KEYED

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
  
☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the  
entire property?

\$4,000.00

Current value of the  
portion you own?

\$4,000.00

4. **Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories**

*Examples:* Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories

- ☐ No  
☒ Yes

4.1 Make: ALRAY Who has an interest in the property? Check one.

Model: TRAILER

Year: 2000

Other information:

ALRAY LIVESTOCK TRAILER

- ☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
  
☐ Check if this is community property  
(see instructions)

Do not deduct secured claims or exemptions. Put the amount of any secured claims on *Schedule D: Creditors Who Have Claims Secured by Property*.

Current value of the  
entire property?

\$2,000.00

Current value of the  
portion you own?

\$2,000.00

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here.....

→ \$32,100.00

**Part 3:** Describe Your Personal and Household Items

Do you own or have any legal or equitable interest in any of the following items?

Current value of the  
portion you own?  
Do not deduct secured  
claims or exemptions.

6. **Household goods and furnishings**

*Examples:* Major appliances, furniture, linens, china, kitchenware

- ☐ No  
☒ Yes. Describe.....

SEE ATTACHED.

\$3,000.00

7. **Electronics**

*Examples:* Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games

- ☐ No  
☒ Yes. Describe.....

SEE ATTACHED.

\$1,080.00

8. **Collectibles of value**

*Examples:* Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles

<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes. Describe.....		

9. **Equipment for sports and hobbies**

*Examples:* Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments

<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes. Describe.....	SEE ATTACHED.	<b>\$925.00</b>

10. **Firearms**

*Examples:* Pistols, rifles, shotguns, ammunition, and related equipment

<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes. Describe.....		

11. **Clothes**

*Examples:* Everyday clothes, furs, leather coats, designer wear, shoes, accessories

<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes. Describe.....	SEE ATTACHED.	<b>\$500.00</b>

12. **Jewelry**

*Examples:* Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver

<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes. Describe.....	WEDDING RINGS	<b>\$350.00</b>

13. **Non-farm animals**

*Examples:* Dogs, cats, birds, horses

<input type="checkbox"/> No		
<input checked="" type="checkbox"/> Yes. Describe.....	DOGS, CATS & BIRDS	<b>\$0.00</b>

14. **Any other personal and household items you did not already list, including any health aids you did not list**

<input checked="" type="checkbox"/> No		
<input type="checkbox"/> Yes. Describe.....		

15. <b>Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached for Part 3. Write that number here</b> ..... →	<b>\$5,855.00</b>
--	-------------------

**Part 4:** Describe Your Financial Assets

Do you own or have any legal or equitable interest in any of the following?	Current value of the portion you own? Do not deduct secured claims or exemptions.
---	--

16. **Cash**  
*Examples:* Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition  
☐ No  
☒ Yes..... Cash..... \$50.00

17. **Deposits of money**  
*Examples:* Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each.  
☐ No  
☒ Yes.....

Institution name:

17.1. Other financial account:	<u>PIERCE LAW FIRM, PC, IOLTA ACCOUNT</u>	<u>\$967.00</u>
17.2. Savings account:	<u>BANK OF BRIDGER # 2943 (HELD FOR MINOR SON).</u>	<u>\$3,972.79</u>
17.3. Savings account:	<u>STOCKMAN BANK # 6858 (MINOR SON)</u>	<u>\$26.00</u>
17.4. Checking account:	<u>STOCKMAN BANK # 3463 (JAMIE'S)</u>	<u>\$1,800.00</u>
17.5. Checking account:	<u>BANK OF BRIDGER # 0606 (JAMIE'S, LOCAL BANKING)</u>	<u>\$900.00</u>
17.6. Checking account:	<u>PINNACLE BANK #7987 (MISTY'S)</u>	<u>\$25.00</u>

18. **Bonds, mutual funds, or publicly traded stocks**  
*Examples:* Bond funds, investment accounts with brokerage firms, money market accounts  
☒ No  
☐ Yes.....  
Institution or issuer name:

19. **Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture**  
☐ No  
☒ Yes. Give specific information about them.....  

Name of entity:	% of ownership:	
<u>ALPINE CONTRACTING, LLC FKA ALPINE HOME IMPROVEMENTS, LLC, FKA MOUNTAIN HANDYMAN, LLC (NO NET VALUE)</u>	<u>100</u> %	<u>\$0.00</u>
<u>PJ'S LLC, FKA PJ PROPERTY MANAGEMENT AND TREE REMOVAL SERVICE, LLC. (THE LLC'S PERSONAL PROPERTY ASSETS TOTALING ABOUT 50K ARE INCLUDED IN THE VALUE OF MS. ROBERTS' DREAMCATCHER REAL PROPERTY AS IT WILL BE SOLD WITH THAT PROPERTY. THE REMAINING ASSETS OWNED BY THE LLC ARE VALUED AT \$1,300.00.)</u>	<u>100</u> %	<u>\$1,300.00</u>
<u>NORTHWEST CONSULTING AND CONSTRUCTION, LLC. VALUATION INCLUDES BANK ACCOUNT BALANCES LISTED ON SCHEDULE B.</u>	<u>100</u> %	<u>\$75,057.00</u>



**ASSUMED BUSINESS NAME MEDICINE FLOWER LODGE (DBA FOR VACATION RENTALS)**      **100** %      **UNKNOWN**

20. **Government and corporate bonds and other negotiable and non-negotiable instruments**

*Negotiable instruments* include personal checks, cashiers' checks, promissory notes, and money orders.  
*Non-negotiable instruments* are those you cannot transfer to someone by signing or delivering them.

- ☒ No  
☐ Yes. Give specific information about them.....

Issuer name: \_\_\_\_\_

21. **Retirement or pension accounts**

*Examples:* Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans

- ☒ No  
☐ Yes. List each account separately.

Type of account:	Institution name:	
401(k) or similar plan:	_____	_____
Pension plan:	_____	_____
IRA:	_____	_____
Retirement account:	_____	_____
Keogh:	_____	_____
Additional account:	_____	_____

22. **Security deposits and prepayments**

Your share of all unused deposits you have made so that you may continue service or use from a company  
*Examples:* Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others

- ☒ No  
☐ Yes.....

	Institution name or individual:	
Electric:	_____	_____
Gas:	_____	_____
Heating oil:	_____	_____
Security deposit on rental unit:	_____	_____

Prepaid rent:	_____	_____
Telephone:	_____	_____
Water:	_____	_____
Rented furniture:	_____	_____
Other:	_____	_____

23. **Annuities** (A contract for a periodic payment of money to you, either for life or for a number of years)

- ☒ No  
☐ Yes.....

Issuer name and description:

\_\_\_\_\_

24. **Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program.**

26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1).

- ☐ No  
☒ Yes.....

Institution name and description. Separately file the records of any interests. 11 U.S.C. § 521(c):

<b>INDIVIDUAL 529 ACCOUNT WITH ACHIEVE MONTANA (COLLEGE SAVINGS FUND FOR MINOR CHILD WHO IS BENEFICIARY)  </b>	<b>\$2,804.87</b>
--	-------------------

25. **Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit**

- ☒ No  
☐ Yes. Give specific  
information about them....

\_\_\_\_\_

26. **Patents, copyrights, trademarks, trade secrets, and other intellectual property**

*Examples:* Internet domain names, websites, proceeds from royalties and licensing agreements

- ☒ No  
☐ Yes. Give specific  
information about them....

\_\_\_\_\_

27. **Licenses, franchises, and other general intangibles**

*Examples:* Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses

- ☐ No  
☒ Yes. Give specific  
information about them....

DEQ PERMIT APPLICATION FOR RIVER BANK RESTORATION (ON HOLD)

**UNKNOWN**

Money or property owed to you?

Current value of the  
portion you own?  
Do not deduct secured  
claims or exemptions.

28. **Tax refunds owed to you**

☒ No

☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years.....

Federal: \_\_\_\_\_  
 State: \_\_\_\_\_  
 Local: \_\_\_\_\_

29. **Family support**

*Examples:* Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement

☒ No

☐ Yes. Give specific information.....

Alimony: \_\_\_\_\_  
 Maintenance: \_\_\_\_\_  
 Support: \_\_\_\_\_  
 Divorce settlement: \_\_\_\_\_  
 Property settlement: \_\_\_\_\_

30. **Other amounts someone owes you**

*Examples:* Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else

☒ No

☐ Yes. Give specific information.....

31. **Interests in insurance policies**

*Examples:* Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance

☐ No

☒ Yes. Name the insurance company of each policy and list its value....

Company name:	Beneficiary:	Surrender or refund value:
<u>VA HEALTH</u>	<u>JAMIE</u>	<u>\$0.00</u>
<u>FARMERS HOMEOWNERS POLICY</u>	<u>MISTY</u>	<u>\$0.00</u>
<u>FOREMOST RENTAL PROPERTY INSURANCE POLICY</u>	<u>MISTY</u>	<u>\$0.00</u>

32. **Any interest in property that is due you from someone who has died**

If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died.

☒ No

☐ Yes. Give specific information.....

33. **Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment**

Examples: Accidents, employment disputes, insurance claims, or rights to sue

☐ No

☒ Yes. Describe each claim.....

CLAIMS AND OFFSETS AGAINST G. BARCLAY CORBUS DV-20-80  
(UNKNOWN VALUE)

UNKNOWN

34. **Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims**

☐ No

☒ Yes. Describe each claim.....

POSSIBLE CLAIMS OR FINANCIAL ASSISTANCE FOR 2022 FLOOD DAMAGE  
TO LODGE PROPERTY. (UNKNOWN VALUE)

UNKNOWN

35. **Any financial assets you did not already list**

☒ No

☐ Yes. Give specific information.....

36. **Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached for Part 4. Write that number here.....→**

\$86,902.66

**Part 5:** Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1.

37. **Do you own or have any legal or equitable interest in any business-related property?**

☒ No. Go to Part 6.

☐ Yes. Go to line 38.

**Current value of the  
portion you own?**  
Do not deduct secured  
claims or exemptions.

38. **Accounts receivable or commissions you already earned**

☒ No

☐ Yes. Describe.....

39. **Office equipment, furnishings, and supplies**

Examples: Business-related computers, software, modems, printers, copiers, fax machines, rugs, telephones, desks, chairs, electronic devices

☒ No

☐ Yes. Describe.....

40. **Machinery, fixtures, equipment, supplies you use in business, and tools of your trade**

☒ No

☐ Yes. Describe.....

41. **Inventory**

☒ No

☐ Yes. Describe.....

42. **Interests in partnerships or joint ventures**

- ☒ No  
☐ Yes. Describe.....

Name of entity: \_\_\_\_\_ % of ownership: \_\_\_\_\_ %

43. **Customer lists, mailing lists, or other compilations**

- ☒ No  
☐ Yes. **Do your lists include personally identifiable information** (as defined in 11 U.S.C. § 101(41A))?  
☒ No  
☐ Yes. Describe.....

44. **Any business-related property you did not already list**

- ☒ No  
☐ Yes. Give specific information.....

45. **Add the dollar value of all of your entries from Part 5, including any entries for pages you have attached for Part 5. Write that number here.....** →

**\$0.00**

**Part 6:** Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In.  
**If you own or have an interest in farmland, list it in Part 1.**

46. **Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?**

- ☐ No. Go to Part 7.  
☒ Yes. Go to line 47.

**Current value of the portion you own?**  
Do not deduct secured claims or exemptions.

47. **Farm animals**

*Examples:* Livestock, poultry, farm-raised fish

- ☐ No  
☒ Yes.....

2 HORSES, 12 CHICKENS

**\$1,500.00**

48. **Crops—either growing or harvested**

- ☒ No  
☐ Yes. Give specific information.....

49. **Farm and fishing equipment, implements, machinery, fixtures, and tools of trade**

- ☒ No  
☐ Yes.....

50. Farm and fishing supplies, chemicals, and feed

☐ No
☒ Yes.....

HAY AND FEED

\$1,000.00

51. Any farm- and commercial fishing-related property you did not already list

☒ No
☐ Yes. Give specific information.....

52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here.....→

\$2,500.00

Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership
☒ No
☐ Yes. Give specific information.....

54. Add the dollar value of all of your entries from Part 7. Write that number here.....→

\$0.00

Part 8: List the Totals of Each Part of this Form

55. Part 1: Total real estate, line 2.....→

\$2,467,200.00

56. Part 2: Total vehicles, line 5

\$32,100.00

57. Part 3: Total personal and household items, line 15

\$5,855.00

58. Part 4: Total financial assets, line 36

\$86,902.66

59. Part 5: Total business-related property, line 45

\$0.00

60. Part 6: Total farm- and fishing-related property, line 52

\$2,500.00

61. Part 7: Total other property not listed, line 54

+ \$0.00

62. Total personal property. Add lines 56 through 61.....

\$127,357.66

Copy personal property total→ + \$127,357.66

63. Total of all property on Schedule A/B. Add line 55 + line 62.....

\$2,594,557.66

Debtor 1	<b>MISTY</b>	<b>LEE</b>	<b>ROBERTS</b>	
Debtor 2	<b>JAMES</b>	<b>DARIN</b>	<b>CLEMONS</b>	
	First Name	Middle Name	Last Name	Case number (if known) _____

## SCHEDULE A/B: PROPERTY

Continuation Page

6.	Household goods and furnishings		
	LIVING ROOM FURNITURE		\$400.00
	BEDROOM FURNITURE		\$650.00
	KITCHEN FURNITURE		\$300.00
	KITCHEN APPLIANCES		\$750.00
	EVERYDAY DISHES		\$250.00
	PATIO FURNITURE & LAWNMOWER / GARDENING TOOLS		\$300.00
	HAND TOOLS		\$200.00
	POWER TOOLS		\$150.00
7.	Electronics		
	TELEVISIONS (3)		\$300.00
	VCR/ DVD PLAYERS		\$30.00
	CELL PHONES (2)		\$600.00
	CAMERAS/ VIDEO EQUIPMENT		\$50.00
	TABLET		\$100.00
9.	Equipment for sports and hobbies		
	SKIING/ SNOWBOARDING GEAR		\$50.00
	BINOCULARS		\$25.00
	CAMPING/FISHING EQUIPMENT		\$100.00
	SADDLES/ TACK ETC.		\$250.00
	BICYCLE		\$400.00
	EXERCISE/ FITNESS EQUIPMENT		\$100.00
11.	Clothes		
	CLOTHING - SELF		\$150.00
	CLOTHING - SPOUSE		\$250.00
	CLOTHING - CHILD		\$100.00

Fill in this information to identify your case:

Debtor 1	<u>MISTY</u>	<u>LEE</u>	<u>ROBERTS</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>JAMES</u>	<u>DARIN</u>	<u>CLEMONS</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>DISTRICT OF MONTANA</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

## Official Form 106C

### Schedule C: The Property You Claim as Exempt

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

#### Part 1: Identify the Property You Claim as Exempt

Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.

1. ☒ You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)  
☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on *Schedule A/B* that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own Copy the value from Schedule A/B	Amount of the exemption you claim Check only one box for each exemption.	Specific laws that allow exemption
Brief description: DECLARATION OF HOMESTEAD RECORDED ON SEPTEMBER 7, 2021 IN CARBON COUNTY. 29 POWDER RIVER LANE RED LODGE, MT 59068	<u>\$267,200.00</u>	<input checked="" type="checkbox"/> <u>\$378,560.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>MONT. CODE ANN. §§ 70-32-104, 105. &amp; 25-13-615</u>
Line from Schedule A/B: <u>1.1</u>			
Brief description: 2019 GMC SIERRA K3500 GASOLINE MOTOR, APPROX. 200K MI., HAS RUST.	<u>\$25,000.00</u>	<input checked="" type="checkbox"/> <u>\$4,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>MONT. CODE ANN. § 25-13-609(2)</u>
Line from Schedule A/B: <u>3.1</u>			

3. Are you claiming a homestead exemption of more than \$189,050?

(Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.)

- ☐ No  
☒ Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?  
☒ No  
☐ Yes



Debtor 1 **MISTY** **LEE** **ROBERTS**  
 Debtor 2 **JAMES** **DARIN** **CLEMONS**  
 First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

**Part 2:** Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: 2006 CHEVY SILVERADO 1500 PAINT DAMAGE / KEYED  Line from Schedule A/B: <u>3.4</u>	<u>\$4,000.00</u>	<input checked="" type="checkbox"/> <u>\$4,000.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(2) _____ _____
Brief description: 2000 ALRAY TRAILER ALRAY LIVESTOCK TRAILER  Line from Schedule A/B: <u>4.1</u>	<u>\$2,000.00</u>	<input checked="" type="checkbox"/> <u>\$1,250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1) _____ _____
Brief description: LIVING ROOM FURNITURE  Line from Schedule A/B: <u>6</u>	<u>\$400.00</u>	<input checked="" type="checkbox"/> <u>\$400.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1) _____ _____
Brief description: BEDROOM FURNITURE  Line from Schedule A/B: <u>6</u>	<u>\$650.00</u>	<input checked="" type="checkbox"/> <u>\$650.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1) _____ _____
Brief description: KITCHEN FURNITURE  Line from Schedule A/B: <u>6</u>	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1) _____ _____
Brief description: KITCHEN APPLIANCES  Line from Schedule A/B: <u>6</u>	<u>\$750.00</u>	<input checked="" type="checkbox"/> <u>\$750.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1) _____ _____
Brief description: EVERYDAY DISHES  Line from Schedule A/B: <u>6</u>	<u>\$250.00</u>	<input checked="" type="checkbox"/> <u>\$250.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1) _____ _____
Brief description: PATIO FURNITURE & LAWNMOWER / GARDENING TOOLS  Line from Schedule A/B: <u>6</u>	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1) _____ _____

Debtor 1 **MISTY** **LEE** **ROBERTS**  
 Debtor 2 **JAMES** **DARIN** **CLEMONS**  
 First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

**Part 2:** Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own <small>Copy the value from Schedule A/B</small>	Amount of the exemption you claim <small>Check only one box for each exemption.</small>	Specific laws that allow exemption
Brief description: <u>HAND TOOLS</u>  Line from Schedule A/B: <u>6</u>	<u>\$200.00</u>	<input checked="" type="checkbox"/> <u>\$200.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>MONT. CODE ANN. § 25-13-609(1)</u> _____ _____
Brief description: <u>POWER TOOLS</u>  Line from Schedule A/B: <u>6</u>	<u>\$150.00</u>	<input checked="" type="checkbox"/> <u>\$150.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>MONT. CODE ANN. § 25-13-609(1)</u> _____ _____
Brief description: <u>TELEVISIONS (3)</u>  Line from Schedule A/B: <u>7</u>	<u>\$300.00</u>	<input checked="" type="checkbox"/> <u>\$300.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>MONT. CODE ANN. § 25-13-609(1)</u> _____ _____
Brief description: <u>VCR/ DVD PLAYERS</u>  Line from Schedule A/B: <u>7</u>	<u>\$30.00</u>	<input checked="" type="checkbox"/> <u>\$30.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>MONT. CODE ANN. § 25-13-609(1)</u> _____ _____
Brief description: <u>CELL PHONES (2)</u>  Line from Schedule A/B: <u>7</u>	<u>\$600.00</u>	<input checked="" type="checkbox"/> <u>\$600.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>MONT. CODE ANN. § 25-13-609(1)</u> _____ _____
Brief description: <u>CAMERAS/ VIDEO EQUIPMENT</u>  Line from Schedule A/B: <u>7</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>MONT. CODE ANN. § 25-13-609(1)</u> _____ _____
Brief description: <u>TABLET</u>  Line from Schedule A/B: <u>7</u>	<u>\$100.00</u>	<input checked="" type="checkbox"/> <u>\$100.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>MONT. CODE ANN. § 25-13-609(1)</u> _____ _____
Brief description: <u>SKIING/ SNOWBOARDING GEAR</u>  Line from Schedule A/B: <u>9</u>	<u>\$50.00</u>	<input checked="" type="checkbox"/> <u>\$50.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>MONT. CODE ANN. § 25-13-609(1)</u> _____ _____
Brief description: <u>BINOCULARS</u>  Line from Schedule A/B: <u>9</u>	<u>\$25.00</u>	<input checked="" type="checkbox"/> <u>\$25.00</u> <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	<u>MONT. CODE ANN. § 25-13-609(1)</u> _____ _____

Debtor 1  
Debtor 2

MISTY  
JAMES

LEE  
DARIN

ROBERTS  
CLEMONS

Case number (if known) \_\_\_\_\_

First NameMiddle NameLast Name

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
Brief description: CAMPING/FISHING EQUIPMENT	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1)
Line from Schedule A/B: 9			
Brief description: SADDLES/ TACK ETC.	\$250.00	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1)
Line from Schedule A/B: 9			
Brief description: BICYCLE	\$400.00	<input checked="" type="checkbox"/> \$400.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1)
Line from Schedule A/B: 9			
Brief description: EXERCISE/ FITNESS EQUIPMENT	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1)
Line from Schedule A/B: 9			
Brief description: CLOTHING - SELF	\$150.00	<input checked="" type="checkbox"/> \$150.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1)
Line from Schedule A/B: 11			
Brief description: CLOTHING - SPOUSE	\$250.00	<input checked="" type="checkbox"/> \$250.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1)
Line from Schedule A/B: 11			
Brief description: CLOTHING - CHILD	\$100.00	<input checked="" type="checkbox"/> \$100.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1)
Line from Schedule A/B: 11			
Brief description: WEDDING RINGS	\$350.00	<input checked="" type="checkbox"/> \$350.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1)
Line from Schedule A/B: 12			

Debtor 1  
Debtor 2

MISTY  
JAMES  
First Name

LEE  
DARIN  
Middle Name

ROBERTS  
CLEMONS  
Last Name

Case number (if known)

Part 2: Additional Page

Brief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own  Copy the value from Schedule A/B	Amount of the exemption you claim  Check only one box for each exemption.	Specific laws that allow exemption
Brief description: 2 HORSES, 12 CHICKENS	\$1,500.00	<input checked="" type="checkbox"/> \$1,500.00 <input type="checkbox"/> 100% of fair market value, up to any applicable statutory limit	MONT. CODE ANN. § 25-13-609(1)
Line from Schedule A/B: 47			

Fill in this information to identify your case:

Debtor 1 Misty Lee Roberts  
First Name Middle Name Last Name

Debtor 2 James Darin Clemons  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: District of Montana

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 106D

### Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, number the entries, and attach it to this form. On the top of any additional pages, write your name and case number (if known).

**1. Do any creditors have claims secured by your property?**

☐ No. Check this box and submit this form to the court with your other schedules. You have nothing else to report on this form.

☒ Yes. Fill in all of the information below.

**Part 1: List All Secured Claims**

**2. List all secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim. If more than one creditor has a particular claim, list the other creditors in Part 2. As much as possible, list the claims in alphabetical order according to the creditor's name.

Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any
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<b>2.1</b> <u>Akidoi Inc.</u> Creditor's Name <u>P.O. Box 1570</u> Number Street <u>Red Lodge, MT 59068</u> City State ZIP Code <b>Who owes the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim relates to a community debt <b>Date debt was incurred</b> <u>April 1, 2018</u>	<b>Describe the property that secures the claim:</b> <u>5 Dreamcatcher Lane (value estimated) Red Lodge, MT 59068</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Nature of lien.</b> Check all that apply. <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan) <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien) <input type="checkbox"/> Judgment lien from a lawsuit <input type="checkbox"/> Other (including a right to offset) <b>Last 4 digits of account number</b> _ _ _ _	<u>\$453,657.03</u> <u>\$1,100,000.00</u> <u>\$0.00</u>
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Add the dollar value of your entries in Column A on this page. Write that number here:

\$453,657.03

Debtor 1 **Misty** **Lee** **Roberts**  
 Debtor 2 **James** **Darin** **Clemons**

First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Part 1:	Additional Page	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
<b>2.2</b>	<p><u>Ally Financial, Inc</u>            Creditor's Name  <u>Attn: Bankruptcy</u>  <u>500 Woodard Ave</u>            Number Street  <u>Detroit, MI 48226</u>            City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Date debt was incurred</b>  <u>1/1/2020</u></p>	<p><b>Describe the property that secures the claim:</b></p> <p>2019 GMC Sierra K3500            gasoline motor, approx. 200k mi., has rust.</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.  <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input type="checkbox"/> Other (including a right to offset)</p> <p><b>Last 4 digits of account number</b> <u>4 9 0 9</u></p>	<u>\$19,132.00</u>	<u>\$25,000.00</u>	<u>\$0.00</u>
<b>2.3</b>	<p><u>Carbon County Treasurer</u>            Creditor's Name  <u>PO Box 828</u>            Number Street  <u>Red Lodge, MT 59068-0000</u>            City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Date debt was incurred</b>  <u>2022</u></p>	<p><b>Describe the property that secures the claim:</b></p> <p>10 Dreamcatcher Lane (value estimated) Red Lodge, MT 59068</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.  <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input checked="" type="checkbox"/> Other (including a right to offset)  <b>Property Tax</b></p> <p><b>Last 4 digits of account number</b> <u>5 9 0 0</u></p>	<u>\$3,871.03</u>	<u>\$1,100,000.00</u>	<u>\$0.00</u>
Add the dollar value of your entries in Column A on this page. Write that number here:			<u>\$23,003.03</u>		

Debtor 1 **Misty** **Lee** **Roberts**  
 Debtor 2 **James** **Darin** **Clemons**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Part 1:	Additional Page	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
<b>2.4</b>	<p><b>Carbon County Treasurer</b>            Creditor's Name  <u>PO Box 828</u>            Number Street  <u>Red Lodge, MT 59068-0000</u>            City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Date debt was incurred</b>  <u>2022</u></p>	<p><b>Describe the property that secures the claim:</b>            Declaration of Homestead recorded on September 7, 2021 in Carbon County. 29 Powder River Lane Red Lodge, MT 59068</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.  <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input checked="" type="checkbox"/> Other (including a right to offset)  <b>Property Tax</b></p> <p><b>Last 4 digits of account number</b> <u>1 4 0 0</u></p>	<u>\$1,015.88</u>	<u>\$267,200.00</u>	<u>\$0.00</u>
<b>2.5</b>	<p><b>CORBUS MONTANA PROPERTIES TRUST</b>            Creditor's Name  <u>PO Box 204</u>            Number Street  <u>Red Lodge, MT 59068-0000</u>            City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input checked="" type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Date debt was incurred</b>  <u>Nov 1, 2017</u></p>	<p><b>Describe the property that secures the claim:</b>            Declaration of Homestead recorded on September 7, 2021 in Carbon County. 29 Powder River Lane Red Lodge, MT 59068</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.  <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input type="checkbox"/> Other (including a right to offset)</p> <p><b>Last 4 digits of account number</b> <u>— — — —</u></p> <p><b>Remarks:</b> Purchaser's Interest in Contract for Deed. Balloon payment due Nov 1, 2027.</p>	<u>\$363,492.94</u>	<u>\$267,200.00</u>	<u>\$96,292.94</u>
<p><b>Add the dollar value of your entries in Column A on this page. Write that number here:</b></p>			<u>\$364,508.82</u>		

Debtor 1 **Misty** **Lee** **Roberts**  
 Debtor 2 **James** **Darin** **Clemons**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Part 1:	Additional Page	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
<b>2.6</b>	<p><u>G Barclay Corbus</u>            Creditor's Name  <u>PO Box 204</u>            Number Street  <u>Red Lodge, MT 59068-0000</u>            City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Date debt was incurred</b>  <u>March 18, 2022</u></p>	<p><b>Describe the property that secures the claim:</b>            5 Dreamcatcher Lane (value estimated) Red Lodge, MT 59068</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.  <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input checked="" type="checkbox"/> Judgment lien from a lawsuit  <input type="checkbox"/> Other (including a right to offset)</p> <p><b>Last 4 digits of account number</b> _ _ _ _</p>	<u>\$54,003.72</u>	<u>\$1,100,000.00</u>	<u>\$0.00</u>
<b>2.7</b>	<p><u>G. Barclay Corbus</u>            Creditor's Name  <u>PO Box 204</u>            Number Street  <u>Red Lodge, MT 59068-0000</u>            City State ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Date debt was incurred</b>  <u>Oct 5, 2020</u></p>	<p><b>Describe the property that secures the claim:</b></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input checked="" type="checkbox"/> Contingent  <input checked="" type="checkbox"/> Unliquidated  <input checked="" type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.  <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input type="checkbox"/> Other (including a right to offset)</p> <p><b>Last 4 digits of account number</b> _ _ _ _</p> <p><b>Remarks:</b>            Amount Estimated; Disputed Complaint filed in DV 20-80, Montana Twenty-Second Judicial District Court, Carbon County with related prejudgment writ of attachment dated April 7, 2021.</p>	<u>\$1,200,000.00</u>	<u>\$0.00</u>	<u>\$1,200,000.00</u>
<p><b>Add the dollar value of your entries in Column A on this page. Write that number here:</b></p>			<u>\$1,254,003.72</u>		



Debtor 1                      **Misty**                      **Lee**                      **Roberts**  
 Debtor 2                      **James**                      **Darin**                      **Clemons**

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First Name                      Middle Name                      Last Name

Case number (if known) \_\_\_\_\_

Part 1:	Additional Page	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
2.8	<p><b>G. Barclay Corbus</b></p> <p>Creditor's Name  <u>PO Box 204</u>            Number                      Street  <u>Red Lodge, MT 59068-0000</u>            City                      State                      ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input checked="" type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Date debt was incurred</b>  <u>March 18, 2022</u></p>	<p><b>Describe the property that secures the claim:</b></p> <p>5 Dreamcatcher Lane (value estimated) Red Lodge, MT 59068            10 Dreamcatcher Lane (value estimated) Red Lodge, MT 59068            Declaration of Homestead recorded on September 7, 2021 in Carbon County.            29 Powder River Lane Red Lodge, MT 59068            PJ's LLC, FKA PJ Property Management and Tree Removal Service, LLC. (The LLC's personal property assets totaling about 50k are included in the value of Ms. Roberts' Dreamcatcher real property as it will be sold with that property. The remaining assets owned by the LLC are valued at \$1,300.00.)</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.  <input type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input checked="" type="checkbox"/> Judgment lien from a lawsuit  <input type="checkbox"/> Other (including a right to offset)</p> <p><b>Last 4 digits of account number</b> _ _ _ _</p> <p><b>Remarks:</b> Judgment Lien. Amount estimated</p>	\$592,824.11	\$2,468,500.00	\$0.00
<p><b>Add the dollar value of your entries in Column A on this page. Write that number here:</b></p>		\$592,824.11			

Debtor 1                      **Misty**                      **Lee**                      **Roberts**  
 Debtor 2                      **James**                      **Darin**                      **Clemons**  
    First Name                      Middle Name                      Last Name

Case number (if known) \_\_\_\_\_

Part 1:	Additional Page	Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	Column C Unsecured portion If any	
<b>2.9</b>	<p><u>Sean Richards</u>            Creditor's Name  <u>PO Box 2562</u>            Number                      Street  <u>Red Lodge, MT 59068</u>            City                      State                      ZIP Code</p> <p><b>Who owes the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim relates to a community debt</p> <p><b>Date debt was incurred</b>  <u>8/2/2022</u></p>	<p><b>Describe the property that secures the claim:</b>            10 Dreamcatcher Lane (value estimated) Red Lodge, MT 59068</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Nature of lien.</b> Check all that apply.  <input checked="" type="checkbox"/> An agreement you made (such as mortgage or secured car loan)  <input type="checkbox"/> Statutory lien (such as tax lien, mechanic's lien)  <input type="checkbox"/> Judgment lien from a lawsuit  <input type="checkbox"/> Other (including a right to offset)</p> <p><b>Last 4 digits of account number</b>    _ _ _ _</p>	<u>\$10,000.00</u>	<u>\$1,100,000.00</u>	<u>\$0.00</u>
<p><b>Add the dollar value of your entries in Column A on this page. Write that number here:</b></p>		<u>\$10,000.00</u>			
<p><b>If this is the last page of your form, add the dollar value totals from all pages. Write that number here:</b></p>		<u>\$2,697,996.71</u>			

Debtor 1                      **Misty**                      **Lee**                      **Roberts**  
Debtor 2                      **James**                      **Darin**                      **Clemons**  
First Name                      Middle Name                      Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

**1** G. Barclay Corbus                      On which line in Part 1 did you enter the creditor? 5  
Name  
PO Box 204                      Last 4 digits of account number \_\_\_\_\_  
Number                      Street

Red Lodge, MT 59068-0000  
City                      State                      ZIP Code

**2** Papez, Jacqueline                      On which line in Part 1 did you enter the creditor? 7  
Name  
P.O. Box Box 1185                      Last 4 digits of account number \_\_\_\_\_  
Number                      Street

Helena, MT 59624  
City                      State                      ZIP Code

**3** Papez, Jacqueline                      On which line in Part 1 did you enter the creditor? 5  
Name  
P.O. Box Box 1185                      Last 4 digits of account number \_\_\_\_\_  
Number                      Street

Helena, MT 59624  
City                      State                      ZIP Code

**4** Papez, Jacqueline                      On which line in Part 1 did you enter the creditor? 8  
Name  
P.O. Box Box 1185                      Last 4 digits of account number \_\_\_\_\_  
Number                      Street

Helena, MT 59624  
City                      State                      ZIP Code

Fill in this information to identify your case:

Debtor 1 MISTY LEE ROBERTS  
First Name Middle Name Last Name

Debtor 2 JAMES DARIN CLEMONS  
(Spouse, if filing) First Name Middle Name Last Name

United States Bankruptcy Court for the: DISTRICT OF MONTANA

Case number \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 106E/F

### Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Property* (Official Form 106A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 106G). Do not include any creditors with partially secured claims that are listed in *Schedule D: Creditors Who Hold Claims Secured by Property*. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

#### Part 1: List All of Your PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims against you?

- ☐ No. Go to Part 2.  
☒ Yes.

2. List all of your priority unsecured claims. If a creditor has more than one priority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. If a claim has both priority and nonpriority amounts, list that claim here and show both priority and nonpriority amounts. As much as possible, list the claims in alphabetical order according to the creditor's name. If you have more than two priority unsecured claims, fill out the Continuation Page of Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. (For an explanation of each type of claim, see the instructions for this form in the instruction booklet.)

2.1

IRS  
Priority Creditor's Name  
PO BOX 7346  
Number Street  
PHILADELPHIA, PA 19101-7346  
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 2020

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

Total claim	Priority amount	Nonpriority amount
<u>\$112,754.58</u>	<u>\$112,754.58</u>	<u>\$0.00</u>

2.2

IRS  
Priority Creditor's Name  
PO BOX 7346  
Number Street  
PHILADELPHIA, PA 19101-7346  
City State ZIP Code

Who incurred the debt? Check one.

- ☐ Debtor 1 only  
☐ Debtor 2 only  
☒ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

Is the claim subject to offset?

- ☒ No  
☐ Yes

Last 4 digits of account number \_\_\_\_\_

When was the debt incurred? 2021

As of the date you file, the claim is: Check all that apply.

- ☐ Contingent  
☐ Unliquidated  
☐ Disputed

Type of PRIORITY unsecured claim:

- ☐ Domestic support obligations  
☒ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☐ Other. Specify \_\_\_\_\_

<u>\$54,057.98</u>	<u>\$54,057.98</u>	<u>\$0.00</u>
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Debtor 1 **MISTY** **LEE** **ROBERTS**  
 Debtor 2 **JAMES** **DARIN** **CLEMONS**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 1:** Your PRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

		Total claim	Priority amount	Nonpriority amount	
<b>2.3</b>	<b>IRS</b> Priority Creditor's Name <b>PO BOX 7346</b> Number Street <b>PHILADELPHIA, PA 19101-7346</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Remarks:</b> 3RD QUARTER 2017 \$11,527.93; 4TH QUARTER 2017 \$16,053.16	Last 4 digits of account number _____ When was the debt incurred? <b>2017</b> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <b>940/941</b>	<b>\$27,581.09</b>	<b>\$27,581.09</b>	<b>\$0.00</b>
<b>2.4</b>	<b>IRS</b> Priority Creditor's Name <b>PO BOX 7346</b> Number Street <b>PHILADELPHIA, PA 19101-7346</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <b>2018</b> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <b>940/941</b>	<b>\$62,504.43</b>	<b>\$62,504.43</b>	<b>\$0.00</b>
<b>2.5</b>	<b>IRS</b> Priority Creditor's Name <b>PO BOX 7346</b> Number Street <b>PHILADELPHIA, PA 19101-7346</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <b>2019</b> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <b>940/941</b>	<b>\$55,803.26</b>	<b>\$55,803.26</b>	<b>\$0.00</b>

Debtor 1 **MISTY** **LEE** **ROBERTS**  
 Debtor 2 **JAMES** **DARIN** **CLEMONS**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 1:** Your PRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

	Total claim	Priority amount	Nonpriority amount
<b>2.6</b> <u>IRS</u> Priority Creditor's Name <u>PO BOX 7346</u> Number Street <u>PHILADELPHIA, PA 19101-7346</u> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: 1ST QUARTER 2020	<u>\$1,664.74</u>	<u>\$1,664.74</u>	<u>\$0.00</u>
Last 4 digits of account number _____ <b>When was the debt incurred?</b> <u>2020</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input checked="" type="checkbox"/> Other. Specify <u>940/941</u>			
<b>2.7</b> <u>IRS</u> Priority Creditor's Name <u>PO BOX 7346</u> Number Street <u>PHILADELPHIA, PA 19101-7346</u> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: ESTIMATED 2022 FEDERAL INCOME TAX LIABILITY PER CPA.	<u>\$83,000.00</u>	<u>\$83,000.00</u>	<u>\$0.00</u>
Last 4 digits of account number _____ <b>When was the debt incurred?</b> <u>2022</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			
<b>2.8</b> <u>MT DEPT OF REVENUE</u> Priority Creditor's Name <u>PO BOX 7701</u> <u>BANKRUPTCY UNIT</u> Number Street <u>HELENA, MT 59604-7701</u> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: 2020 INCOME TAX, MISTY ROBERTS	<u>\$10,864.76</u>	<u>\$10,864.76</u>	<u>\$0.00</u>
Last 4 digits of account number <u>0752</u> <b>When was the debt incurred?</b> <u>2020</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____			

Debtor 1 **MISTY** **LEE** **ROBERTS**  
 Debtor 2 **JAMES** **DARIN** **CLEMONS**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 1:** Your PRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

		Total claim	Priority amount	Nonpriority amount	
2.9	<b>MT DEPT OF REVENUE</b> Priority Creditor's Name <b>BANKRUPTCY UNIT</b> <b>PO BOX 7701</b> Number Street <b>HELENA, MT 59604-7701</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: ESTIMATED 2022 MT INCOME TAX PER CPA	Last 4 digits of account number _____ When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	<u>\$20,000.00</u>	<u>\$20,000.00</u>	<u>\$0.00</u>
2.10	<b>MT DEPT OF REVENUE</b> Priority Creditor's Name <b>PO BOX 7701</b> <b>BANKRUPTCY UNIT</b> Number Street <b>HELENA, MT 59604-7701</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Remarks: 2021 INCOME TAX, MISTY ROBERTS	Last 4 digits of account number _____ When was the debt incurred? <u>2021</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	<u>\$6,806.80</u>	<u>\$6,806.80</u>	<u>\$0.00</u>
2.11	<b>MT DEPT OF REVENUE</b> Priority Creditor's Name <b>PO BOX 7701</b> <b>BANKRUPTCY UNIT</b> Number Street <b>HELENA, MT 59604-7701</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ When was the debt incurred? <u>2020</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of PRIORITY unsecured claim:</b> <input type="checkbox"/> Domestic support obligations <input checked="" type="checkbox"/> Taxes and certain other debts you owe the government <input type="checkbox"/> Claims for death or personal injury while you were intoxicated <input type="checkbox"/> Other. Specify _____	<u>\$17,186.40</u>	<u>\$17,186.40</u>	<u>\$0.00</u>

Debtor 1 **MISTY** **LEE** **ROBERTS**  
 Debtor 2 **JAMES** **DARIN** **CLEMONS**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 1:** Your PRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 2.3, followed by 2.4, and so forth.

Total claim	Priority amount	Nonpriority amount
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**2.12** MT DEPT OF REVENUE  
 Priority Creditor's Name  
PO BOX 7701  
BANKRUPTCY UNIT  
 Number Street  
HELENA, MT 59604-7701  
 City State ZIP Code

**Who incurred the debt?** Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**  
☒ No  
☐ Yes

**Remarks:** LODGING TAX 4TH QUARTER 2020

**Last 4 digits of account number** \_\_\_\_\_  
**When was the debt incurred?** 2020  
**As of the date you file, the claim is:** Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of PRIORITY unsecured claim:**  
☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☒ Other. Specify **PRIORITY ARREARAGE**

\$566.22	\$566.22	\$0.00
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**2.13** MT DEPT OF REVENUE  
 Priority Creditor's Name  
PO BOX 7701  
BANKRUPTCY UNIT  
 Number Street  
HELENA, MT 59604-7701  
 City State ZIP Code

**Who incurred the debt?** Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**  
☒ No  
☐ Yes

**Remarks:** 2022 LODGING TAX 1ST AND 2ND QUARTER

**Last 4 digits of account number** \_\_\_\_\_  
**When was the debt incurred?** 2022  
**As of the date you file, the claim is:** Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of PRIORITY unsecured claim:**  
☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☒ Other. Specify **PRIORITY ARREARAGE**

\$2,393.77	\$2,393.77	\$0.00
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**2.14** MT DEPT OF REVENUE  
 Priority Creditor's Name  
PO BOX 7701  
BANKRUPTCY UNIT  
 Number Street  
HELENA, MT 59604-7701  
 City State ZIP Code

**Who incurred the debt?** Check one.  
☒ Debtor 1 only  
☐ Debtor 2 only  
☐ Debtor 1 and Debtor 2 only  
☐ At least one of the debtors and another  
☐ Check if this claim is for a community debt

**Is the claim subject to offset?**  
☒ No  
☐ Yes

**Last 4 digits of account number** \_\_\_\_\_  
**When was the debt incurred?** 2021  
**As of the date you file, the claim is:** Check all that apply.  
☐ Contingent  
☐ Unliquidated  
☐ Disputed  
**Type of PRIORITY unsecured claim:**  
☐ Domestic support obligations  
☐ Taxes and certain other debts you owe the government  
☐ Claims for death or personal injury while you were intoxicated  
☒ Other. Specify **PRIORITY ARREARAGE**

\$2,913.77	\$2,913.77	\$0.00
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**Part 2:** List All of Your NONPRIORITY Unsecured Claims

**3. Do any creditors have nonpriority unsecured claims against you?**

- ☐ No. You have nothing to report in this part. Submit this form to the court with your other schedules.
- ☒ Yes.

**4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim.** If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3. If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2.

<b>4.1</b>	<b>ARM SOLUTIONS</b> Nonpriority Creditor's Name <b>PO BOX 3666</b> Number      Street <b>CAMARILLO, CA 93011-3666</b> City                      State      ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>9132</u> <b>When was the debt incurred?</b> <u>2021</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>BUSINESS DEBT</b>	<b>Total claim</b> <u><b>\$1,173.34</b></u>
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<b>4.2</b>	<b>BANK OF THE WEST</b> Nonpriority Creditor's Name <b>180 MONTGOMERY STREET 25TH FLOOR</b> <b>ATTN: BANKRUPTCY</b> Number      Street <b>SAN FRANCISCO, CA 94104-0000</b> City                      State      ZIP Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Last 4 digits of account number</b> <u>6354</u> <b>When was the debt incurred?</b> <u>05/01/2018</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>SURRENDERED VEHICLE</b>	<b>Total claim</b> <u><b>\$14,686.00</b></u>
<b>Remarks:</b> 2017 GMC YUKON - SURRENDERED			

Debtor 1 **MISTY** **LEE** **ROBERTS**  
 Debtor 2 **JAMES** **DARIN** **CLEMONS**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.3	<b>BARCLAYS BANK DELAWARE</b> Nonpriority Creditor's Name <b>ATTN: BANKRUPTCY</b> <b>PO BOX 8801</b> Number Street <b>WILMINGTON, DE 19899-0000</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>3907</u> <b>\$3,784.00</b> When was the debt incurred? <u>2014</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>CREDIT CARD</b>
4.4	<b>BUILDERS FIRST SOURCE, INC.</b> Nonpriority Creditor's Name <b>5519 20TH STREET E</b> Number Street <b>TACOMA, WA 98424-0000</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>0951</u> <b>\$8,750.16</b> When was the debt incurred? <u>2019</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>BUSINESS DEBT</b>
4.5	<b>CAPITAL ONE</b> Nonpriority Creditor's Name <b>PO BOX 30285</b> Number Street <b>ATTN: BANKRUPTCY</b> <b>SALT LAKE CITY, UT 84130-0000</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1000</u> <b>\$2,829.00</b> When was the debt incurred? <u>04/01/2011</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>CREDITCARD</b>

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

	After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.	Total claim
<b>4.6</b>	<p><b>CAPITAL ONE</b></p> <p>Nonpriority Creditor's Name</p> <p><b>PO BOX 30285</b></p> <p><b>ATTN: BANKRUPTCY</b></p> <p>Number Street</p> <p><b>SALT LAKE CITY, UT 84130-0000</b></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>7141</u></p> <p><b>\$2,078.00</b></p> <p>When was the debt incurred? <u>07/01/2007</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>CREDITCARD</b></p>
<b>4.7</b>	<p><b>CB1, INC.</b></p> <p>Nonpriority Creditor's Name</p> <p><b>PO BOX 7429</b></p> <p>Number Street</p> <p><b>MISSOULA, MT 59807-7429</b></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number _____</p> <p><b>\$1,715.50</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>COLLECTING FOR NORTHERN INDUSTRIAL HYGIENE</b></p>
<b>4.8</b>	<p><b>COMMERCIAL COLLECTIONS OF AMERICA, LLC</b></p> <p>Nonpriority Creditor's Name</p> <p><b>2180 W GRANT LINE RD. STE 202</b></p> <p>Number Street</p> <p><b>TRACY, CA 95377</b></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input checked="" type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>5612</u></p> <p><b>\$56,681.32</b></p> <p>When was the debt incurred? _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>COLLECTING FOR SWIFT CAPITAL</b></p>

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

	After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.	Total claim
4.9	<b>CREDIT COLLECTIONS BUREAU</b> Nonpriority Creditor's Name <b>PO BOX 9490</b> Number      Street <b>RAPID CITY, SD 57709-0000</b> City      State      ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9776</u> When was the debt incurred? <u>2020</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>BUSINESS DEBT - COLLECTING FOR ROCK CREEK LUMBER</b>
		<b>\$64,073.64</b>
4.10	<b>CREDIT ONE BANK</b> Nonpriority Creditor's Name <b>ATTN: BANKRUPTCY DEPARTMENT</b> <b>PO BOX 98873</b> Number      Street <b>LAS VEGAS, NV 89193</b> City      State      ZIP Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4968</u> When was the debt incurred? <u>04/01/2022</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>CREDITCARD</b>
		<b>\$380.00</b>
4.11	<b>CREDIT SERVICE CO., INC.</b> Nonpriority Creditor's Name <b>960 S. 24TH W. STE D</b> Number      Street <b>BILLINGS, MT 59102</b> City      State      ZIP Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>4XKD</u> When was the debt incurred? _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>COLLECTING FOR YELLOWSTONE BANK</b>
		<b>\$192.51</b>

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

	After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.	Total claim
<b>4.12</b>	<p><b>CREDIT SERVICE COMPANY</b>  Nonpriority Creditor's Name  <b>PO BOX 80908</b>  <b>ATTN: BANKRUPTCY</b>  Number Street  <b>BILLINGS, MT 59108-0000</b>  City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>43BE</u></p> <p><b>When was the debt incurred?</b> <u>03/01/2021</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>COLLECTING FOR BILLINGS CLINIC</b></p>
		<b>\$23,309.00</b>
<b>4.13</b>	<p><b>CREDIT SERVICE COMPANY</b>  Nonpriority Creditor's Name  <b>PO BOX 80908</b>  <b>ATTN: BANKRUPTCY</b>  Number Street  <b>BILLINGS, MT 59108-0000</b>  City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>3MPE</u></p> <p><b>When was the debt incurred?</b> <u>07/01/2020</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>COLLECTING FOR BILLINGS CLINIC</b></p>
		<b>\$3,151.00</b>
<b>4.14</b>	<p><b>FIRST PREMIER BANK</b>  Nonpriority Creditor's Name  <b>PO BOX 5524</b>  <b>ATTN: BANKRUPTCY</b>  Number Street  <b>SIOUX FALLS, SD 57117-0000</b>  City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>6817</u></p> <p><b>When was the debt incurred?</b> <u>05/01/2018</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>CREDIT CARD</b></p>
		<b>\$920.00</b>

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

	After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.	Total claim	
4.15	<p><b>FIRST PREMIER BANK</b>  Nonpriority Creditor's Name  <b>PO BOX 5524</b>  <b>ATTN: BANKRUPTCY</b>  Number Street  <b>SIOUX FALLS, SD 57117-0000</b>  City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>5150</u></p> <p><b>When was the debt incurred?</b> <u>03/01/2020</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>CREDIT CARD</b></p>	<p><b>\$446.00</b></p>
4.16	<p><b>GB COLLECTS, LLC</b>  Nonpriority Creditor's Name  <b>1253 HADDONFIELD BERLIN RD</b>  Number Street  <b>VOORHEES, NJ 08043-4847</b>  City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input type="checkbox"/> Debtor 2 only  <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>6014</u></p> <p><b>When was the debt incurred?</b> <u>2020</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>BUSINESS DEBT</b></p>	<p><b>\$372.55</b></p>
4.17	<p><b>IRS</b>  Nonpriority Creditor's Name  <b>PO BOX 7346</b>  Number Street  <b>PHILADELPHIA, PA 19101-7346</b>  City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.  <input type="checkbox"/> Debtor 1 only  <input checked="" type="checkbox"/> Debtor 2 only  <input type="checkbox"/> Debtor 1 and Debtor 2 only  <input type="checkbox"/> At least one of the debtors and another  <input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b>  <input checked="" type="checkbox"/> No  <input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____</p> <p><b>When was the debt incurred?</b> <u>2008</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.  <input type="checkbox"/> Contingent  <input type="checkbox"/> Unliquidated  <input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b>  <input type="checkbox"/> Student loans  <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims  <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts  <input checked="" type="checkbox"/> Other. Specify  <b>INDIVIDUAL INCOME TAX</b></p>	<p><b>\$11,992.45</b></p>

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

	After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.	Total claim	
<b>4.18</b>	<p><b>IRS</b></p> <p>Nonpriority Creditor's Name</p> <p><b>PO BOX 7346</b></p> <p>Number      Street</p> <p><b>PHILADELPHIA, PA 19101-7346</b></p> <p>City      State      ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____</p> <p><b>When was the debt incurred?</b> <u>2013</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>INDIVIDUAL INCOME TAX</b></p>	<p><b>\$10,328.67</b></p>
<b>4.19</b>	<p><b>IRS</b></p> <p>Nonpriority Creditor's Name</p> <p><b>PO BOX 7346</b></p> <p>Number      Street</p> <p><b>PHILADELPHIA, PA 19101-7346</b></p> <p>City      State      ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____</p> <p><b>When was the debt incurred?</b> <u>2014</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>INDIVIDUAL INCOME TAX</b></p>	<p><b>\$1,354.78</b></p>
<b>4.20</b>	<p><b>IRS</b></p> <p>Nonpriority Creditor's Name</p> <p><b>PO BOX 7346</b></p> <p>Number      Street</p> <p><b>PHILADELPHIA, PA 19101-7346</b></p> <p>City      State      ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input checked="" type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> <b>Check if this claim is for a community debt</b></p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> _____</p> <p><b>When was the debt incurred?</b> <u>2018</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>INDIVIDUAL INCOME TAX</b></p>	<p><b>\$48.64</b></p>



**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

	After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.	Total claim	
4.21	<p><b>JOSEPH MANN &amp; CREED</b>  Nonpriority Creditor's Name</p> <p><b>20600 CHAGRIN BLVD. STE. 550</b>  Number Street</p> <p><b>COLLECTION AGENCY</b>  City State ZIP Code</p> <p><b>SHAKER HEIGHTS, OH 44122-5340</b>  City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>9334</u></p> <p><b>When was the debt incurred?</b> <u>2021</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify  <b>COLLECTING FOR HUGHES NETWORK SYSTEMS</b></p>	<p><b>\$300.00</b></p>
4.22	<p><b>MCCARTHY, BURGESS, &amp; WOLFF</b>  Nonpriority Creditor's Name</p> <p><b>26000 CANNON ROAD</b>  Number Street</p> <p><b>CLEVELAND, OH 44146-0000</b>  City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p><b>Last 4 digits of account number</b> <u>6559</u></p> <p><b>When was the debt incurred?</b> <u>2020</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify  <b>BUSINESS DEBT - COLLECTING FOR SPECTRUM</b></p>	<p><b>\$412.07</b></p>



**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.23	<b>MIDWAY RENTAL</b> Nonpriority Creditor's Name <b>PO BOX 5450</b> Number Street <b>KALISPELL, MT 59904</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input checked="" type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Remarks:</b> JUSTICE COURT	Last 4 digits of account number <u>1-23</u> When was the debt incurred? <u>03/29/2021</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>BUSINESS DEBT / JUDGMENT: CV 220-2021-0023</b>	<b>\$13,155.53</b>
4.24	<b>MT DEPARTMENT OF LABOR &amp; INDUSTRY</b> Nonpriority Creditor's Name <b>MONTANA UNEMPLOYMENT INSURANCE DIVISION</b> <b>PO BOX 6339</b> Number Street <b>HELENA, MT 59604-6339</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9244</u> When was the debt incurred? <u>2019</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>BUSINESS DEBT</b>	<b>\$64,701.80</b>

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

	After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.	Total claim
<b>4.25</b>	<p><b>NAVIENT</b></p> <p>Nonpriority Creditor's Name</p> <p><b>PO BOX 9640</b></p> <p><b>ATTN: BANKRUPTCY</b></p> <p>Number Street</p> <p><b>WILKES-BARRE, PA 18773-0000</b></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>PLE</u></p> <p><b>\$7,536.00</b></p> <p><b>When was the debt incurred?</b> <u>1995-1999</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input checked="" type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input type="checkbox"/> Other. Specify <b>EDUCATIONAL</b></p>
<b>4.26</b>	<p><b>PAYPAL CREDIT</b></p> <p>Nonpriority Creditor's Name</p> <p><b>PO BOX 5138</b></p> <p>Number Street</p> <p><b>TIMONIUM, MD 21094-0000</b></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>5612</u></p> <p><b>\$56,681.32</b></p> <p><b>When was the debt incurred?</b> _____</p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>BUSINESS DEBT</b></p>
<b>4.27</b>	<p><b>PORTFOLIO RECOVERY ASSOCIATES, LLC</b></p> <p>Nonpriority Creditor's Name</p> <p><b>ATTN: BANKRUPTCY</b></p> <p><b>120 CORPORATE BOULEVARD</b></p> <p>Number Street</p> <p><b>NORFOLK, VA 23502</b></p> <p>City State ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input checked="" type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>2328</u></p> <p><b>\$783.00</b></p> <p><b>When was the debt incurred?</b> <u>03/19/2022</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>COLLECTING FOR SYNCHRONY BANK</b></p>

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

	After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.		Total claim
4.28	<b>PRACTICAL TAXES INC.</b> Nonpriority Creditor's Name <b>PO BOX 21285</b> Number      Street <b>BILLINGS, MT 59104-0000</b> City                      State      ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> <u>2020</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>BUSINESS DEBT</b>	<u><b>\$800.00</b></u>
4.29	<b>PRACTICAL TAXES INC.</b> Nonpriority Creditor's Name <b>PO BOX 21285</b> Number      Street <b>BILLINGS, MT 59104-0000</b> City                      State      ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> <u>2020-2021</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>BUSINESS DEBT</b>	<u><b>\$3,714.00</b></u>
4.30	<b>PRACTICAL TAXES INC.</b> Nonpriority Creditor's Name <b>PO BOX 21285</b> Number      Street <b>BILLINGS, MT 59104-0000</b> City                      State      ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> <b>Check if this claim is for a community debt</b> <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number _____ <b>When was the debt incurred?</b> <u>2020-2021</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>BUSINESS DEBT</b>	<u><b>\$2,700.00</b></u>

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.31	<b>RADIUS GLOBAL SOLUTIONS, LLC</b> Nonpriority Creditor's Name <b>PO BOX 390846</b> Number Street <b>MINNEAPOLIS, MN 55439</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>7724</u> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>CREDIT CARD</b>	<b>\$1,525.01</b>
4.32	<b>REVENUE ENTERPRISES LLC</b> Nonpriority Creditor's Name <b>ATTN: BANKRUPTCY</b> <b>PO BOX 441368</b> Number Street <b>AURORA, CO 80044</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Remarks:</b> BEARTOOTH BILLINGS CLINIC	Last 4 digits of account number <u>3363</u> <b>When was the debt incurred?</b> <u>07/01/2021</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>COLLECTION AGENCY FOR BEARTOOTH BILLINGS CLINIC</b>	<b>\$17.00</b>

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.33	<b>STATES RECOVERY SYSTEMS</b> Nonpriority Creditor's Name <b>ATTN: BANKRUPTCY</b> <b>PO BOX 2860</b> Number Street <b>RANCHO CORDOVA, CA 95741-0000</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>9529</u> DATE OPENED : 03/2021 LAST REPORTED 07/2021 <b>When was the debt incurred?</b> <u>07/2021</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>COLLECTING FOR BANK OF THE WEST PERSONAL LOAN</b>	<u>\$14,430.00</u>
4.34	<b>SYNERGETIC COMMUNICATIONS, INC.</b> Nonpriority Creditor's Name <b>5450 N.W. CENTRAL #220</b> Number Street <b>HOUSTON, TX 77092-2016</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>1354</u> <b>When was the debt incurred?</b> _____ <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>COLLECTING FOR CITIBANK</b>	<u>\$2,105.59</u>
4.35	<b>TARGET NB</b> Nonpriority Creditor's Name <b>C/O FINANCIAL &amp; RETAIL SERVICES</b> <b>MAILSTOP BT PO BOX 9475</b> Number Street <b>MINNEAPOLIS, MN 55440</b> City State ZIP Code <b>Who incurred the debt?</b> Check one. <input checked="" type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt <b>Is the claim subject to offset?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Last 4 digits of account number <u>5293</u> <b>When was the debt incurred?</b> <u>12/01/2013</u> <b>As of the date you file, the claim is:</b> Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Type of NONPRIORITY unsecured claim:</b> <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>CREDITCARD</b>	<u>\$728.00</u>

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

	After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.	Total claim	
<b>4.36</b>	<p><b>TOWE, BALL, MACKEY</b>  Nonpriority Creditor's Name</p> <p><b>PO BOX 30457</b></p> <p><b>SOMMERFELD &amp; TURNER, PLLP</b>  Number                      Street</p> <p><b>BILLINGS, MT 59107-0457</b>  City                                      State                      ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Remarks:</b> LEGAL SERVICES</p>	<p><b>Last 4 digits of account number</b> <u>915M</u></p> <p><b>When was the debt incurred?</b> <u>2021</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>BUSINESS DEBT</b></p>	<b>\$13,557.71</b>
<b>4.37</b>	<p><b>TOWE, BALL, MACKEY</b>  Nonpriority Creditor's Name</p> <p><b>PO BOX 30457</b></p> <p><b>SOMMERFELD &amp; TURNER, PLLP</b>  Number                      Street</p> <p><b>BILLINGS, MT 59107-0457</b>  City                                      State                      ZIP Code</p> <p><b>Who incurred the debt?</b> Check one.</p> <p><input type="checkbox"/> Debtor 1 only</p> <p><input type="checkbox"/> Debtor 2 only</p> <p><input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only</p> <p><input type="checkbox"/> At least one of the debtors and another</p> <p><input type="checkbox"/> Check if this claim is for a community debt</p> <p><b>Is the claim subject to offset?</b></p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p> <p><b>Remarks:</b> LEGAL SERVICES</p>	<p><b>Last 4 digits of account number</b> <u>000M</u></p> <p><b>When was the debt incurred?</b> <u>2021</u></p> <p><b>As of the date you file, the claim is:</b> Check all that apply.</p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p><b>Type of NONPRIORITY unsecured claim:</b></p> <p><input type="checkbox"/> Student loans</p> <p><input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims</p> <p><input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts</p> <p><input checked="" type="checkbox"/> Other. Specify <b>BUSINESS DEBT</b></p>	<b>\$1,597.50</b>

Debtor 1                    **MISTY**                    **LEE**                    **ROBERTS**  
Debtor 2                    **JAMES**                    **DARIN**                    **CLEMONS**  
First Name                    Middle Name                    Last Name

Case number (if known) \_\_\_\_\_

**Part 2:** Your NONPRIORITY Unsecured Claims - Continuation Page

After listing any entries on this page, number them beginning with 4.5, followed by 4.6, and so forth.			Total claim
4.38	<p><b>TOWE, BALL, MACKEY</b> Nonpriority Creditor's Name <b>PO BOX 30457</b> <b>SOMMERFELD &amp; TURNER, PLLP</b> Number                    Street <b>BILLINGS, MT 59107-0457</b> City                    State                    ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input type="checkbox"/> Debtor 2 only <input checked="" type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p> <p>Remarks: LEGAL SERVICES</p>	<p>Last 4 digits of account number <u>137M</u></p> <p>When was the debt incurred? <u>2021</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>BUSINESS DEBT</b></p>	<u>\$382.50</u>
4.39	<p><b>US DEPARTMENT OF JUSTICE</b> Nonpriority Creditor's Name <b>700 GRANT ST SUITE 3110</b> Number                    Street <b>PITTSBURGH, PA 15219</b> City                    State                    ZIP Code</p> <p>Who incurred the debt? Check one. <input type="checkbox"/> Debtor 1 only <input checked="" type="checkbox"/> Debtor 2 only <input type="checkbox"/> Debtor 1 and Debtor 2 only <input type="checkbox"/> At least one of the debtors and another <input type="checkbox"/> Check if this claim is for a community debt</p> <p>Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Last 4 digits of account number <u>3001</u></p> <p>When was the debt incurred? <u>2000</u></p> <p>As of the date you file, the claim is: Check all that apply. <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed</p> <p>Type of NONPRIORITY unsecured claim: <input type="checkbox"/> Student loans <input type="checkbox"/> Obligations arising out of a separation agreement or divorce that you did not report as priority claims <input type="checkbox"/> Debts to pension or profit-sharing plans, and other similar debts <input checked="" type="checkbox"/> Other. Specify <b>RESTITUTION</b></p>	<u>\$1,300.04</u>

Debtor 1                      **MISTY**                      **LEE**                      **ROBERTS**  
Debtor 2                      **JAMES**                      **DARIN**                      **CLEMONS**  
First Name                      Middle Name                      Last Name

Case number (if known) \_\_\_\_\_

**Part 3:** List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

**CAPITAL ONE**

Name

**PO BOX 30285**

**ATTN: BANKRUPTCY**

Number                      Street

**SALT LAKE CITY, UT 84130-0000**

City                      State                      ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.31 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number 7724

**KLEPPERICH, MICHAEL J.**

Name

**490 N 31ST ST STE 500**

Number                      Street

**BILLINGS, MT 59101-1267**

City                      State                      ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.23 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

**U.S. ATTORNEY - BK NOTICES**

Name

**U.S. COURT HOUSE**

**2601 SECOND AVE. NORTH**

Number                      Street

**BILLINGS, MT 59101**

City                      State                      ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line 4.25 of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☒ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_

Name

Number                      Street

City

State

ZIP Code

On which entry in Part 1 or Part 2 did you list the original creditor?

Line \_\_\_\_\_ of (Check one): ☐ Part 1: Creditors with Priority Unsecured Claims

☐ Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number \_\_\_\_\_



**Part 4:** Add the Amounts for Each Type of Unsecured Claim

**6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.**

		<b>Total claim</b>	
<b>Total claims from Part 1</b>	6a. Domestic support obligations	6a.	<u>\$0.00</u>
	6b. Taxes and certain other debts you owe the government	6b.	<u>\$304,670.52</u>
	6c. Claims for death or personal injury while you were intoxicated	6c.	<u>\$0.00</u>
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d. +	<u>\$153,427.28</u>
	6e. Total. Add lines 6a through 6d.	6e.	<u>\$458,097.80</u>
		<b>Total claim</b>	
<b>Total claims from Part 2</b>	6f. Student loans	6f.	<u>\$7,536.00</u>
	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	<u>\$0.00</u>
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	<u>\$0.00</u>
	6i. Other. Add all other nonpriority unsecured claims. Write that amount here.	6i. +	<u>\$387,157.63</u>
	6j. Total. Add lines 6f through 6i.	6j.	<u>\$394,693.63</u>

Fill in this information to identify your case:

Debtor 1	<u>MISTY</u>	<u>LEE</u>	<u>ROBERTS</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>JAMES</u>	<u>DARIN</u>	<u>CLEMONS</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>DISTRICT OF MONTANA</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

## Official Form 106G

### Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

1. Do you have any executory contracts or unexpired leases?

- ☒ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
- ☐ Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Property* (Official Form 106A/B).

2. List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

	Person or company with whom you have the contract or lease	State what the contract or lease is for
2.1	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	
2.2	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	
2.3	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	
2.4	<div><div>Name</div><div>Number Street</div><div>City State ZIP Code</div></div>	

Fill in this information to identify your case:

Debtor 1                    MISTY                    LEE                    ROBERTS  
First Name                    Middle Name                    Last Name

Debtor 2                    JAMES                    DARIN                    CLEMONS  
(Spouse, if filing)                    First Name                    Middle Name                    Last Name

United States Bankruptcy Court for the:                    DISTRICT OF MONTANA

Case number                    \_\_\_\_\_  
(if known)

☐ Check if this is an amended filing

## Official Form 106H

### Schedule H: Your Codebtors

12/15

**Codebtors are people or entities who are also liable for any debts you may have. Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the Additional Page, fill it out, and number the entries in the boxes on the left. Attach the Additional Page to this page. On the top of any Additional Pages, write your name and case number (if known). Answer every question.**

1. **Do you have any codebtors?** (If you are filing a joint case, do not list either spouse as a codebtor.)  
☐ No  
☒ Yes
2. **Within the last 8 years, have you lived in a community property state or territory?** (*Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.*)  
☒ No. Go to line 3.  
☐ Yes. Did your spouse, former spouse, or legal equivalent live with you at the time?  
☐ No  
☐ Yes. In which community state or territory did you live? \_\_\_\_\_ Fill in the name and current address of that person.

Name

Number      Street

City                    State      ZIP Code

3. **In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on *Schedule D* (Official Form 106D), *Schedule E/F* (Official Form 106E/F), or *Schedule G* (Official Form 106G). Use *Schedule D*, *Schedule E/F*, or *Schedule G* to fill out Column 2.**

Column 1: Your codebtor

Column 2: The creditor to whom you owe the debt

Check all schedules that apply:

3.1

ALPINE HOME IMPROVEMENTS, LLC

Name

PO BOX 2313

Number      Street

RED LODGE, MT 59068-2313

City                    State      ZIP Code

☐ Schedule D, line \_\_\_\_\_

☒ Schedule E/F, line 4.8, 4.23

☐ Schedule G, line \_\_\_\_\_

3.2

PJ PROPERTY MANAGEMENT AND TREE REMOVAL SERVICE, LLC

Name

PO BOX 2313

Number      Street

RED LODGE, MT 59068

City                    State      ZIP Code

☒ Schedule D, line 2.7, 2.8

☒ Schedule E/F, line 4.7

☐ Schedule G, line \_\_\_\_\_

Fill in this information to identify your case:

Debtor 1	<u>MISTY</u>	<u>LEE</u>	<u>ROBERTS</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>JAMES</u>	<u>DARIN</u>	<u>CLEMONS</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>DISTRICT OF MONTANA</u>		
Case number (if known)	<u></u>		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 income as of the following date:

MM / DD / YYYY

## Official Form 106I

### Schedule I: Your Income

12/15

Be as complete and accurate as possible. If two married people are filing together (Debtor 1 and Debtor 2), both are equally responsible for supplying correct information. If you are married and not filing jointly, and your spouse is living with you, include information about your spouse. If you are separated and your spouse is not filing with you, do not include information about your spouse. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Employment

##### 1. Fill in your employment information.

If you have more than one job, attach a separate page with information about additional employers.

Include part time, seasonal, or self-employed work.

Occupation may include student or homemaker, if it applies.

##### Employment status

##### Occupation

##### Employer's name

##### Employer's address

How long employed there? 5 YEARS 3 MONTHS

##### Debtor 1

☒ Employed ☐ Not Employed

OWNER

MEDICINE FLOWER LODGE

PO BOX BOX 2313  
Number Street

RED LODGE, MT 59068

City State Zip Code

##### Debtor 2 or non-filing spouse

☒ Employed ☐ Not Employed

OWNER

NORTHWEST CONSULTING &  
CONSTRUCTION LLC

PO BOX BOX 2313  
Number Street

RED LODGE, MT 59068

City State Zip Code

3 YEARS 3  
MONTHS

#### Part 2: Give Details About Monthly Income

**Estimate monthly income as of the date you file this form.** If you have nothing to report for any line, write \$0 in the space. Include your non-filing spouse unless you are separated.

If you or your non-filing spouse have more than one employer, combine the information for all employers for that person on the lines below. If you need more space, attach a separate sheet to this form.

2. **List monthly gross wages, salary, and commissions** (before all payroll deductions.) If not paid monthly, calculate what the monthly wage would be.

3. **Estimate and list monthly overtime pay.**

4. **Calculate gross income.** Add line 2 + line 3.

##### For Debtor 1

##### For Debtor 2 or non-filing spouse

2. \$0.00 \$0.00

3. + \$0.00 + \$0.00

4. \$0.00 \$0.00

	For Debtor 1	For Debtor 2 or non-filing spouse
Copy line 4 here.....→	4. \$0.00	\$0.00
5. List all payroll deductions:		
5a. Tax, Medicare, and Social Security deductions	5a. \$0.00	\$0.00
5b. Mandatory contributions for retirement plans	5b. \$0.00	\$0.00
5c. Voluntary contributions for retirement plans	5c. \$0.00	\$0.00
5d. Required repayments of retirement fund loans	5d. \$0.00	\$0.00
5e. Insurance	5e. \$0.00	\$0.00
5f. Domestic support obligations	5f. \$0.00	\$0.00
5g. Union dues	5g. \$0.00	\$0.00
5h. Other deductions. Specify: _____	5h. + \$0.00	+ \$0.00
6. Add the payroll deductions. Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6. \$0.00	\$0.00
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7. \$0.00	\$0.00
8. List all other income regularly received:		
8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.	8a. \$3,980.05	\$18,130.69
8b. Interest and dividends	8b. \$0.00	\$0.00
8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c. \$0.00	\$0.00
8d. Unemployment compensation	8d. \$0.00	\$0.00
8e. Social Security	8e. \$0.00	\$0.00
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: _____	8f. \$0.00	\$0.00
8g. Pension or retirement income	8g. \$0.00	\$0.00
8h. Other monthly income. Specify: _____	8h. + \$0.00	+ \$0.00
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9. \$3,980.05	\$18,130.69
10. Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse	10. \$3,980.05	\$18,130.69
11. State all other regular contributions to the expenses that you list in <i>Schedule J</i> . Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in <i>Schedule J</i> . Specify: _____	11. + \$0.00	
12. Add the amount in the last column of line 10 to the amount in line 11. The result is the combined monthly income. Write that amount on the <i>Summary of Your Assets and Liabilities and Certain Statistical Information</i> , if it applies	12. \$22,110.74	
Combined monthly income		
13. Do you expect an increase or decrease within the year after you file this form?		
<input type="checkbox"/> No.		
<input checked="" type="checkbox"/> Yes. Explain:	MEDICINE FLOWER LODGE / PJ, LLC IS EXPECTED TO CEASE OPERATION WITHIN THE YEAR. MISTY DOES NOT CURRENTLY HAVE REPLACEMENT EMPLOYMENT. ALL INCOME IS FROM BUSINESS DRAWS. TAX LIABILITY IS ESTIMATED. INCOME FLUCTUATES WITH DEMAND AND SEASON.	

Debtor 1                    **MISTY**                    **LEE**                    **ROBERTS**  
Debtor 2                    **JAMES**                    **DARIN**                    **CLEMONS**  
First Name                    Middle Name                    Last Name

Case number (if known) \_\_\_\_\_

8a. Attached Statement

**BUSINESS INCOME - MEDICINE FLOWER LODGE**

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly Income: \$7,328.88

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2. Ordinary and necessary expense	<u>\$25.00</u>
3. Net Employee Payroll (Other than debtor)	<u>\$0.00</u>
4. Payroll Taxes	<u>\$0.00</u>
5. Unemployment Taxes	<u>\$0.00</u>
6. Worker's Compensation	<u>\$0.00</u>
7. Other Taxes	<u>\$0.00</u>
8. Inventory Purchases (Including raw materials)	<u>\$0.00</u>
9. Purchase of Feed/Fertilizer/Seed/Spray	<u>\$0.00</u>
10. Rent (Other than debtor's principal residence)	<u>\$0.00</u>
11. Utilities	<u>\$818.69</u>
12. Office Expenses and Supplies	<u>\$732.63</u>
13. Repairs and Maintenance	<u>\$143.54</u>
14. Vehicle Expenses	<u>\$547.42</u>
15. Travel and Entertainment	<u>\$493.95</u>
16. Equipment Rental and Leases	<u>\$0.00</u>
17. Legal/Accounting/Other Professional Fees	<u>\$0.00</u>
18. Insurance	<u>\$587.60</u>
19. Employee Benefits (e.g., pension, medical, etc.)	<u>\$0.00</u>
20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts	
TOTAL PAYMENTS TO SECURED CREDITORS	<u>\$0.00</u>
21. Other Expenses	
TOTAL OTHER EXPENSES	<u>\$0.00</u>
22. TOTAL MONTHLY EXPENSES(Add item 2 - 21)	<u>\$3,348.83</u>

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1) \$3,980.05

Debtor 1                    **MISTY**                    **LEE**                    **ROBERTS**  
Debtor 2                    **JAMES**                    **DARIN**                    **CLEMONS**  
First Name                    Middle Name                    Last Name

Case number (if known) \_\_\_\_\_

8a. Attached Statement

**BUSINESS INCOME - NORTHWEST CONSULTING & CONSTRUCTION**

FINANCIAL REVIEW OF THE DEBTOR'S BUSINESS (NOTE: ONLY INCLUDE information directly related to the business operation.)

PART A - ESTIMATED AVERAGE FUTURE GROSS MONTHLY INCOME:

1. Gross Monthly Income: \$67,588.10

PART B - ESTIMATED AVERAGE FUTURE MONTHLY EXPENSES:

2. Ordinary and necessary expense	<u>\$0.00</u>
3. Net Employee Payroll (Other than debtor)	<u>\$0.00</u>
4. Payroll Taxes	<u>\$0.00</u>
5. Unemployment Taxes	<u>\$0.00</u>
6. Worker's Compensation	<u>\$0.00</u>
7. Other Taxes	<u>\$82.00</u>
8. Inventory Purchases (Including raw materials)	<u>\$21,974.59</u>
9. Purchase of Feed/Fertilizer/Seed/Spray	<u>\$0.00</u>
10. Rent (Other than debtor's principal residence)	<u>\$0.00</u>
11. Utilities	<u>\$417.41</u>
12. Office Expenses and Supplies	<u>\$0.00</u>
13. Repairs and Maintenance	<u>\$1,412.04</u>
14. Vehicle Expenses	<u>\$2,580.81</u>
15. Travel and Entertainment	<u>\$170.78</u>
16. Equipment Rental and Leases	<u>\$2,619.50</u>
17. Legal/Accounting/Other Professional Fees	<u>\$843.16</u>
18. Insurance	<u>\$782.80</u>
19. Employee Benefits (e.g., pension, medical, etc.)	<u>\$0.00</u>
20. Payments to be Made Directly by Debtor to Secured Creditors for Pre-Petition Business Debts	
TOTAL PAYMENTS TO SECURED CREDITORS	<u>\$0.00</u>
21. Other Expenses	
Subcontractor	<u>\$17,045.50</u>
Other	<u>\$1,528.82</u>
TOTAL OTHER EXPENSES	<u>\$18,574.32</u>
22. TOTAL MONTHLY EXPENSES(Add item 2 - 21)	<u>\$49,457.41</u>

PART C - ESTIMATED AVERAGE NET MONTHLY INCOME:

23. AVERAGE NET MONTHLY INCOME(Subtract item 22 from item 1) \$18,130.69

Fill in this information to identify your case:

Debtor 1	<u>MISTY</u>	<u>LEE</u>	<u>ROBERTS</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>JAMES</u>	<u>DARIN</u>	<u>CLEMONS</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>DISTRICT OF MONTANA</u>		
Case number (if known)	_____		

Check if this is:

- ☐ An amended filing
- ☐ A supplement showing postpetition chapter 13 expenses as of the following date:

\_\_\_\_\_  
MM / DD / YYYY

## Official Form 106J

### Schedule J: Your Expenses

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach another sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

#### Part 1: Describe Your Household

1. Is this a joint case?

☐ No. Go to line 2.

☒ Yes. Does Debtor 2 live in a separate household?

☒ No

☐ Yes. Debtor 2 must file Official Form 106J-2, *Expenses for Separate Household of Debtor 2*.

2. Do you have dependents?

Do not list Debtor 1 and Debtor 2.

Do not state the dependents' names.

☐ No

☒ Yes. Fill out this information for each dependent.....

**Dependent's relationship to Debtor 1 or Debtor 2**

**Dependent's age**

**Does dependent live with you?**

CHILD

6

☐ No. ☒ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

☐ No. ☐ Yes.

3. Do your expenses include expenses of people other than yourself and your dependents?

☒ No

☐ Yes

#### Part 2: Estimate Your Ongoing Monthly Expenses

Estimate your expenses as of your bankruptcy filing date unless you are using this form as a supplement in a Chapter 13 case to report expenses as of a date after the bankruptcy is filed. If this is a supplemental *Schedule J*, check the box at the top of the form and fill in the applicable date.

Include expenses paid for with non-cash government assistance if you know the value of such assistance and have included it on *Schedule I: Your Income* (Official Form 106I.)

Your expenses

4. The rental or home ownership expenses for your residence. Include first mortgage payments and any rent for the ground or lot.

4. \$2,147.00

If not included in line 4:

4a. Real estate taxes

4a. \$135.00

4b. Property, homeowner's, or renter's insurance

4b. \$290.00

4c. Home maintenance, repair, and upkeep expenses

4c. \$250.00

4d. Homeowner's association or condominium dues

4d. \$10.00



Debtor 1                      **MISTY**                      **LEE**                      **ROBERTS**  
 Debtor 2                      **JAMES**                      **DARIN**                      **CLEMONS**

---

First Name                      Middle Name                      Last Name

Case number (if known) \_\_\_\_\_

		Your expenses	
5.	<b>Additional mortgage payments for your residence</b> , such as home equity loans	5.	\$0.00
6.	<b>Utilities:</b>		
6a.	Electricity, heat, natural gas	6a.	\$225.00
6b.	Water, sewer, garbage collection	6b.	\$230.00
6c.	Telephone, cell phone, Internet, satellite, and cable services	6c.	\$250.00
6d.	Other. Specify: _____	6d.	\$0.00
7.	<b>Food and housekeeping supplies</b>	7.	\$900.00
8.	<b>Childcare and children's education costs</b>	8.	\$300.00
9.	<b>Clothing, laundry, and dry cleaning</b>	9.	\$200.00
10.	<b>Personal care products and services</b>	10.	\$100.00
11.	<b>Medical and dental expenses</b>	11.	\$250.00
12.	<b>Transportation.</b> Include gas, maintenance, bus or train fare. Do not include car payments.	12.	\$450.00
13.	<b>Entertainment, clubs, recreation, newspapers, magazines, and books</b>	13.	\$200.00
14.	<b>Charitable contributions and religious donations</b>	14.	\$0.00
15.	<b>Insurance.</b> Do not include insurance deducted from your pay or included in lines 4 or 20.		
15a.	Life insurance	15a.	\$175.00
15b.	Health insurance	15b.	\$0.00
15c.	Vehicle insurance	15c.	\$611.15
15d.	Other insurance. Specify: <u>DISABILITY INSURANCE</u>	15d.	\$50.00
16.	<b>Taxes.</b> Do not include taxes deducted from your pay or included in lines 4 or 20. Specify: <u>SEE ADDITIONAL PAGE</u>	16.	\$8,658.34
17.	<b>Installment or lease payments:</b>		
17a.	Car payments for Vehicle 1	17a.	\$481.00
17b.	Car payments for Vehicle 2	17b.	\$0.00
17c.	Other. Specify: <u>GYM MEMBERSHIP</u>	17c.	\$40.00
17d.	Other. Specify: _____	17d.	\$0.00
18.	<b>Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, Schedule I, Your Income (Official Form 106I).</b>	18.	\$0.00
19.	<b>Other payments you make to support others who do not live with you.</b> Specify: _____	19.	\$0.00
20.	<b>Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Income.</b>		
20a.	Mortgages on other property	20a.	\$2,684.11
20b.	Real estate taxes	20b.	\$0.00
20c.	Property, homeowner's, or renter's insurance	20c.	\$0.00
20d.	Maintenance, repair, and upkeep expenses	20d.	\$0.00
20e.	Homeowner's association or condominium dues	20e.	\$0.00

Debtor 1                      **MISTY**                      **LEE**                      **ROBERTS**  
Debtor 2                      **JAMES**                      **DARIN**                      **CLEMONS**  
First Name                      Middle Name                      Last Name

Case number (if known) \_\_\_\_\_

21. **Other.** Specify: \_\_\_\_\_

21.     +                      \$0.00

22. **Calculate your monthly expenses.**

22a. Add lines 4 through 21.

22a.                      \$18,636.60

22b. Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2

22b.                      \$0.00

22c. Add line 22a and 22b. The result is your monthly expenses.

22c.                      \$18,636.60

23. **Calculate your monthly net income.**

23a. Copy line 12 (your combined monthly income) from *Schedule I*.

23a.                      \$22,110.74

23b. Copy your monthly expenses from line 22c above.

23b.     -                      \$18,636.60

23c. Subtract your monthly expenses from your monthly income.

The result is your *monthly net income*.

23c.                      \$3,474.14

24. **Do you expect an increase or decrease in your expenses within the year after you file this form?**

For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a modification to the terms of your mortgage?

☐ No.

☒ Yes.

Explain here:

AKIDOI, LLC CONTRACT FOR DEED ANTICIPATED TO BE PAID IN FULL UPON SALE OF DREAMCATCHER PROPERTY.

First Name

Middle Name

Last Name

		Amount
16. Taxes		
VEHICLE		\$75.00
ESTIMATED FEDERAL INCOME TAX		\$6,916.67
ESTIMATED STATE INCOME TAX		\$1,666.67

Fill in this information to identify your case:

Debtor 1	<u>MISTY</u>	<u>LEE</u>	<u>ROBERTS</u>
	First Name	Middle Name	Last Name
Debtor 2 (Spouse, if filing)	<u>JAMES</u>	<u>DARIN</u>	<u>CLEMONS</u>
	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>DISTRICT OF MONTANA</u>		
Case number (if known)	_____		

☐ Check if this is an amended filing

## Official Form 106Dec

### Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

#### Sign Below

Did you pay or agree to pay someone who is NOT an attorney to help you fill out bankruptcy forms?

☒ No

☐ Yes. Name of person \_\_\_\_\_ Attach Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

Under penalty of perjury, I declare that I have read the summary and schedules filed with this declaration and that they are true and correct.

**X** /S/ MISTY LEE ROBERTS  
Misty Lee Roberts , Debtor 1

**X** /S/ JAMES DARIN CLEMONS  
James Darin Clemons , Debtor 2

Date 02/27/2023  
MM/ DD/ YYYY

Date 02/27/2023  
MM/ DD/ YYYY

Fill in this information to identify your case:

Debtor 1	<u>MISTY</u>	<u>LEE</u>	<u>ROBERTS</u>
	First Name	Middle Name	Last Name
Debtor 2	<u>JAMES</u>	<u>DARIN</u>	<u>CLEMONS</u>
(Spouse, if filing)	First Name	Middle Name	Last Name
United States Bankruptcy Court for the:	<u>DISTRICT OF MONTANA</u>		
Case number (if known)	<u></u>		

☐ Check if this is an amended filing

## Official Form 107

# Statement of Financial Affairs for Individuals Filing for Bankruptcy

04/22

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

### Part 1: Give Details About Your Marital Status and Where You Lived Before

#### 1. What is your current marital status?

- ☒ Married
- ☐ Not married

#### 2. During the last 3 years, have you lived anywhere other than where you live now?

- ☒ No
- ☐ Yes. List all of the places you lived in the last 3 years. Do not include where you live now.

Debtor 1:	Dates Debtor 1 lived there	Debtor 2:	Dates Debtor 2 lived there
<div><div><div><div><div></div><div></div></div><div><div>Number</div><div>Street</div></div><div><div>City</div><div>State</div><div>ZIP Code</div></div></div><div><div>From</div><div>To</div></div></div><div><div><div></div><div></div></div><div><div>Number</div><div>Street</div></div><div><div>City</div><div>State</div><div>ZIP Code</div></div></div><div><div>From</div><div>To</div></div></div>	<div><div><div></div><div></div></div><div><div>From</div><div>To</div></div></div> <div><div><div></div><div></div></div><div><div>From</div><div>To</div></div></div>	<div><div><div></div><div></div></div><div><div>Number</div><div>Street</div></div><div><div>City</div><div>State</div><div>ZIP Code</div></div></div> <div><div>From</div><div>To</div></div>	

Number

Street

City

State

ZIP Code

From

To

#### 3. Within the last 8 years, did you ever live with a spouse or legal equivalent in a community property state or territory?(Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.)

- ☒ No
- ☐ Yes. Make sure you fill out *Schedule H: Your Creditors* (Official Form 106H).

**4. Did you have any income from employment or from operating a business during this year or the two previous calendar years?**

Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.

If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.

☐ No

☒ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)	Sources of income Check all that apply.	Gross Income (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$4,902.13	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$35,393.14
<b>For last calendar year:</b> (January 1 to December 31, <u>2022</u> ) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$73,059.06	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$245,830.55
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2021</u> ) YYYY	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$74,597.00	<input type="checkbox"/> Wages, commissions, bonuses, tips <input checked="" type="checkbox"/> Operating a business	\$122,428.00

**5. Did you receive any other income during this year or the two previous calendar years?**

Include income regardless of whether that income is taxable. Examples of *other income* are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1.

☒ No

☐ Yes. Fill in the details.

	Debtor 1		Debtor 2	
	Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Sources of income Describe below.	Gross Income from each source (before deductions and exclusions)
<b>From January 1 of current year until the date you filed for bankruptcy:</b>				
<b>For last calendar year:</b> (January 1 to December 31, <u>2022</u> ) YYYY				
<b>For the calendar year before that:</b> (January 1 to December 31, <u>2021</u> ) YYYY				

Debtor 1                    **MISTY**                    **LEE**                    **ROBERTS**  
Debtor 2                    **JAMES**                    **DARIN**                    **CLEMONS**  
First Name                    Middle Name                    Last Name

Case number (if known) \_\_\_\_\_

**Part 3:** List Certain Payments You Made Before You Filed for Bankruptcy

**6. Are either Debtor 1's or Debtor 2's debts primarily consumer debts?**

☒ **No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts.** *Consumer debts* are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$7,575\* or more?

☒ **No.** Go to line 7.

☐ **Yes.** List below each creditor to whom you paid a total of \$7,575\* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

\* Subject to adjustment on 4/01/25 and every 3 years after that for cases filed on or after the date of adjustment.

☐ **Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts.**

During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more?

☐ **No.** Go to line 7.

☐ **Yes.** List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case.

	Dates of payment	Total amount paid	Amount you still owe	Was this payment for...
Creditor's Name				<input type="checkbox"/> Mortgage
Number Street				<input type="checkbox"/> Car
				<input type="checkbox"/> Credit card
				<input type="checkbox"/> Loan repayment
				<input type="checkbox"/> Suppliers or vendors
City State ZIP Code				<input type="checkbox"/> Other _____

**7. Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider?**

*Insiders* include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony.

☒ **No**

☐ **Yes.** List all payments to an insider.

	Dates of payment	Total amount paid	Amount you still owe	Reason for this payment
Insider's Name				
Number Street				
City State ZIP Code				

Debtor 1 **MISTY** **LEE** **ROBERTS**  
 Debtor 2 **JAMES** **DARIN** **CLEMONS**  
 First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

**8. Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider?**  
 Include payments on debts guaranteed or cosigned by an insider.

- ☒ No
- ☐ Yes. List all payments that benefited an insider.

Dates of payment	Total amount paid	Amount you still owe	Reason for this payment Include creditor's name
Insider's Name _____			
Number _____ Street _____			
City _____ State _____ ZIP Code _____			

#### Part 4: Identify Legal Actions, Repossessions, and Foreclosures

**9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding?**  
 List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes.

- ☐ No
- ☒ Yes. Fill in the details.

Nature of the case	Court or agency	Status of the case
Case title <b>G. BARCLAY CORBUS VS. MISTY ROBERTS, JAMIE CLEMONS, AND PJ PROPERTY MANAGEMENT AND TREE REMOVAL SERVICE, LLC</b>	<b>CIVIL</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Case number <b>DV 2020-80</b>	<b>CARBON COUNTY DISTRICT COURT OF MONTANA</b> Court Name Number _____ Street _____ City _____ State _____ ZIP Code _____	
Case title <b>MIDWAY RENTAL VS. MISTY ROBERTS, ALPINE HOME IMPROVEMENTS, LLC</b>	<b>COLLECTION</b>	<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input checked="" type="checkbox"/> Concluded
Case number <b>2021-3-29</b>	<b>CARBON COUNTY JUSTICE COURT OF MONTANA</b> Court Name Number _____ Street _____ City _____ State _____ ZIP Code _____	

**10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied?**  
 Check all that apply and fill in the details below.

- ☐ No. Go to line 11.
- ☒ Yes. Fill in the information below.



Debtor 1	<b>MISTY</b>	<b>LEE</b>	<b>ROBERTS</b>	
Debtor 2	<b>JAMES</b>	<b>DARIN</b>	<b>CLEMONS</b>	Case number (if known) _____
	First Name	Middle Name	Last Name	

  

<u>G. BARCLAY CORBUS</u> Creditor's Name  <u>PO BOX 204</u> Number Street  <u>RED LODGE, MT 59068-0000</u> City State ZIP Code	<b>Describe the property</b> DEBTORS' CARBON COUNTY REAL PROPERTY BECAME SUBJECT TO A PREJUDGMENT WRIT OF ATTACHMENT IN CASE DV 20-80 ON APRIL 7, 2021 AND CONTINUED TO BE SUBJECT TO THE WRIT WITHIN 1 YEAR OF THE FILING OF THIS CASE.  <b>Explain what happened</b> <input type="checkbox"/> Property was repossessed. <input type="checkbox"/> Property was foreclosed. <input type="checkbox"/> Property was garnished. <input checked="" type="checkbox"/> Property was attached, seized, or levied.	<table border="0"> <tr> <th>Date</th> <th>Value of the property</th> </tr> <tr> <td><u>04/07/2021</u></td> <td>_____</td> </tr> </table>	Date	Value of the property	<u>04/07/2021</u>	_____
Date	Value of the property					
<u>04/07/2021</u>	_____					

11. Within 90 days before you filed for bankruptcy, did any creditor, including a bank or financial institution, set off any amounts from your accounts or refuse to make a payment because you owed a debt?

- ☒ No
- ☐ Yes. Fill in the details.

Creditor's Name  Number Street  City State ZIP Code	<b>Describe the action the creditor took</b>    	<table border="0"> <tr> <th>Date action was taken</th> <th>Amount</th> </tr> <tr> <td>_____</td> <td>_____</td> </tr> </table>	Date action was taken	Amount	_____	_____
Date action was taken	Amount					
_____	_____					

Last 4 digits of account number: XXXX- \_ \_ \_ \_

12. Within 1 year before you filed for bankruptcy, was any of your property in the possession of an assignee for the benefit of creditors, a court-appointed receiver, a custodian, or another official?

- ☒ No
- ☐ Yes

**Part 5: List Certain Gifts and Contributions**

13. Within 2 years before you filed for bankruptcy, did you give any gifts with a total value of more than \$600 per person?

- ☒ No
- ☐ Yes. Fill in the details for each gift.

Debtor 1 **MISTY** **LEE** **ROBERTS**  
 Debtor 2 **JAMES** **DARIN** **CLEMONS**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

Gifts with a total value of more than \$600 per person	Describe the gifts	Dates you gave the gifts	Value
Person to Whom You Gave the Gift  _____  Number Street  City State ZIP Code  Person's relationship to you _____			

14. Within 2 years before you filed for bankruptcy, did you give any gifts or contributions with a total value of more than \$600 to any charity?

☒ No

☐ Yes. Fill in the details for each gift or contribution.

Gifts or contributions to charities that total more than \$600	Describe what you contributed	Date you contributed	Value
Charity's Name  _____  Number Street  City State ZIP Code			

**Part 6:** List Certain Losses

15. Within 1 year before you filed for bankruptcy or since you filed for bankruptcy, did you lose anything because of theft, fire, other disaster, or gambling?

☐ No

☒ Yes. Fill in the details.

Describe the property you lost and how the loss occurred	Describe any insurance coverage for the loss Include the amount that insurance has paid. List pending insurance claims on line 33 of <i>Schedule A/B: Property</i> .	Date of your loss	Value of property lost
FLOOD DAMAGE TO LODGE PROPERTY.	POSSIBLE INSURANCE OR FEMA COVERAGE.	2022	UNKNOWN



Debtor 1                    **MISTY**                    **LEE**                    **ROBERTS**  
Debtor 2                    **JAMES**                    **DARIN**                    **CLEMONS**  
First Name                    Middle Name                    Last Name

Case number (if known) \_\_\_\_\_

**18. Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?**

Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property).  
Do not include gifts and transfers that you have already listed on this statement.

- ☐ No
- ☒ Yes. Fill in the details.

	Description and value of property transferred	Describe any property or payments received or debts paid in exchange	Date transfer was made
<u>DOUGLAS J. MAGNUS AND JULIE A. MAGNUS (BUYERS)</u> Person Who Received Transfer  Number    Street  City                    State    ZIP Code  Person's relationship to you <u>NONE</u>	410 MCGILLEN AVE. S, RED LODGE, MT 59068	\$179,888 SALES PRICE, NO NET PAYMENT TO DEBTORS AT CLOSING.	<u>JULY 2, 2021</u>
<u>PRIVATE BUYER</u> Person Who Received Transfer  Number    Street  City                    State    ZIP Code  Person's relationship to you <u>NONE</u>	1984 SEA RAY BOAT (NON-RUNNING) AND TRAILER	\$1,200 RECEIVED FROM BUYERS, SPRING, 2021	<u>SPRING, 2021</u>

**19. Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are a beneficiary? (These are often called *asset-protection devices*.)**

- ☒ No
- ☐ Yes. Fill in the details.

	Description and value of the property transferred	Date transfer was made
Name of trust _____ _____		_____

Debtor 1 **MISTY** **LEE** **ROBERTS**  
 Debtor 2 **JAMES** **DARIN** **CLEMONS** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

**Part 8:** List Certain Financial Accounts, Instruments, Safe Deposit Boxes, and Storage Units

**20. Within 1 year before you filed for bankruptcy, were any financial accounts or instruments held in your name, or for your benefit, closed, sold, moved, or transferred?**

Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.

☐ No

☒ Yes. Fill in the details.

Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
---------------------------------	-------------------------------	--	---

YELLOWSTONE BANK

Name of Financial Institution

XXXX- 8 7 2 2

☒ Checking

01/01/01

\$0.00

☐ Savings

☐ Money market

☐ Brokerage

☐ Other \_\_\_\_\_

Number Street

MT

City State ZIP Code

**21. Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?**

☒ No

☐ Yes. Fill in the details.

Who else had access to it?	Describe the contents	Do you still have it?
----------------------------	-----------------------	-----------------------

Name of Financial Institution

Name

☐ No

☐ Yes

Number Street

Number Street

City State ZIP Code

City State ZIP Code

**22. Have you stored property in a storage unit or place other than your home within 1 year before you filed for bankruptcy?**

☒ No

☐ Yes. Fill in the details.

Debtor 1 **MISTY** **LEE** **ROBERTS**  
 Debtor 2 **JAMES** **DARIN** **CLEMONS** Case number (if known) \_\_\_\_\_  
 First Name Middle Name Last Name

Who else has or had access to it?		Describe the contents	Do you still have it?
Name of Storage Facility _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____		<div></div>	<input type="checkbox"/> No <input type="checkbox"/> Yes
Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____			

**Part 9: Identify Property You Hold or Control for Someone Else**

**23. Do you hold or control any property that someone else owns? Include any property you borrowed from, are storing for, or hold in trust for someone.**

- ☐ No
- ☒ Yes. Fill in the details.

Where is the property?	Describe the property	Value
MINOR SON Owner's Name _____ Number _____ Street _____ _____ City _____ State _____ ZIP Code _____	STOCKMAN BANK SAVINGS ACCT #6858 AND BANK OF BRIDGER SAVINGS ACCT # 2943	_____

**Part 10: Give Details About Environmental Information**

**For the purpose of Part 10, the following definitions apply:**

- *Environmental law* means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or toxic substances, wastes, or material into the air, land, soil, surface water, groundwater, or other medium, including statutes or regulations controlling the cleanup of these substances, wastes, or material.
- *Site* means any location, facility, or property as defined under any environmental law, whether you now own, operate, or utilize it or used to own, operate, or utilize it, including disposal sites.
- *Hazardous material* means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term.

**Report all notices, releases, and proceedings that you know about, regardless of when they occurred.**

**24. Has any governmental unit notified you that you may be liable or potentially liable under or in violation of an environmental law?**

- ☒ No
- ☐ Yes. Fill in the details.

Debtor 1 **MISTY** **LEE** **ROBERTS**  
 Debtor 2 **JAMES** **DARIN** **CLEMONS**  
 First Name Middle Name Last Name Case number (if known) \_\_\_\_\_

Governmental unit		Environmental law, if you know it	Date of notice
Name of site _____ Governmental unit _____			_____
Number _____ Street _____ Number _____ Street _____			
City _____ State _____ ZIP Code _____ City _____ State _____ ZIP Code _____			

25. Have you notified any governmental unit of any release of hazardous material?

- ☒ No  
☐ Yes. Fill in the details.

Governmental unit		Environmental law, if you know it	Date of notice
Name of site _____ Governmental unit _____			_____
Number _____ Street _____ Number _____ Street _____			
City _____ State _____ ZIP Code _____ City _____ State _____ ZIP Code _____			

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.

- ☒ No  
☐ Yes. Fill in the details.

Court or agency		Nature of the case	Status of the case
Case title _____ Court Name _____			<input type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
Number _____ Street _____			
Case number _____ City _____ State _____ ZIP Code _____			

Debtor 1 **MISTY** **LEE** **ROBERTS**  
 Debtor 2 **JAMES** **DARIN** **CLEMONS**  
 First Name Middle Name Last Name

Case number (if known) \_\_\_\_\_

**Part 11: Give Details About Your Business or Connections to Any Business**

**27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business?**

- ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time
- ☒ A member of a limited liability company (LLC) or limited liability partnership (LLP)
- ☐ A partner in a partnership
- ☐ An officer, director, or managing executive of a corporation
- ☐ An owner of at least 5% of the voting or equity securities of a corporation
- ☐ No. None of the above applies. Go to Part 12.

☒ Yes. Check all that apply above and fill in the details below for each business.

DBA MEDICINE FLOWER LODGE  
Name

Number Street

City State ZIP Code

PJ'S, LLC, FKA PJ PROPERTY  
MANAGEMENT  
Name

PO BOX 2313  
Number Street

RED LODGE, MT 59068  
City State ZIP Code

NORTHWEST CONSULTING AND  
CONSTRUCTION, LLC  
Name

PO BOX 2313  
Number Street

RED LODGE, MT 59068  
City State ZIP Code

ALPINE CONTRACTING, LLC  
Name

PO BOX 2313  
Number Street

RED LODGE, MT 59068  
City State ZIP Code

**Describe the nature of the business**

VACATION RENTAL OPERATOR

**Employer Identification number**  
Do not include Social Security number or ITIN.

EIN: \_\_\_\_\_

**Name of accountant or bookkeeper**

**Dates business existed**

From \_\_\_\_\_ To \_\_\_\_\_

**Describe the nature of the business**

VACATION RENTAL OPERATIONS

**Employer Identification number**  
Do not include Social Security number or ITIN.

EIN: 8 2 - 3 3 0 8 4 9 0

**Name of accountant or bookkeeper**

**Dates business existed**

From \_\_\_\_\_ To CURRENT

**Describe the nature of the business**

CONSTRUCTION

**Employer Identification number**  
Do not include Social Security number or ITIN.

EIN: 8 4 - 3 6 4 2 8 5 2

**Name of accountant or bookkeeper**

**Dates business existed**

From 2021 To CURRENT

**Describe the nature of the business**

CONSTRUCTION

**Employer Identification number**  
Do not include Social Security number or ITIN.

EIN: 8 1 - 0 8 3 3 0 6 7

**Name of accountant or bookkeeper**

**Dates business existed**

From \_\_\_\_\_ To 2020?



Debtor 1      MISTY      LEE      ROBERTS  
Debtor 2      JAMES      DARIN      CLEMONS  
First Name      Middle Name      Last Name      Case number (if known) \_\_\_\_\_

28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties.

- ☒ No  
☐ Yes. Fill in the details below.

Date issued

Name \_\_\_\_\_ MM / DD / YYYY

Number      Street

City      State      ZIP Code

Part 12: Sign Below

I have read the answers on this *Statement of Financial Affairs* and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

X /S/ MISTY LEE ROBERTS  
Signature of Misty Lee Roberts , Debtor 1

X /S/ JAMES DARIN CLEMONS  
Signature of James Darin Clemons , Debtor 2

Date 02/27/2023

Date 02/27/2023

Did you attach additional pages to your *Statement of Financial Affairs for Individuals Filing for Bankruptcy* (Official Form 107)?

- ☒ No  
☐ Yes

Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

- ☒ No  
☐ Yes. Name of person \_\_\_\_\_

Attach the *Bankruptcy Petition Preparer's Notice, Declaration, and Signature* (Official Form 119).

**United States Bankruptcy Court**  
District of Montana

**In re**     ROBERTS , MISTY LEE

CLEMONS , JAMES DARIN

Case No. \_\_\_\_\_

**Debtor**

Chapter 13

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept ..... \$11,500.00

Prior to the filing of this statement I have received ..... \$11,500.00

Balance Due ..... \$0.00

2. The source of the compensation paid to me was:

☒ Debtor                      ☐ Other (specify)

3. The source of compensation to be paid to me is:

☒ Debtor                      ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a other person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation, is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. DETAILED ANALYSIS AND CONSIDERATION OF CASE AS ALTERNATIVE CH 7, CH 13 AND SUB V CH 11 FILINGS.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following services:

NEGOTIATIONS WITH SECURED CREDITORS OR TRUSTEE. PREPARATION AND FILING OF REAFFIRMATION AGREEMENTS AND APPLICATIONS AS NEEDED; PREPARATION AND FILING OF MOTIONS FOR AVOIDANCE OF LIENS.

REPRESENTATION OF THE DEBTORS IN ANY DISCHARGEABILITY ACTIONS, RELIEF FROM STAY ACTIONS OR ANY OTHER ADVERSARY PROCEEDING.

CERTIFICATION	
I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.	
<u>02/27/2023</u>	<u>/S/ ANDREW W. PIERCE</u>
<i>Date</i>	Andrew W. Pierce <i>Signature of Attorney</i>
	Bar Number: 5029 PIERCE LAW FIRM, PC PO BOX 280 MISSOULA, MT 59806 Phone: (406) 540-5206
	<u>PIERCE LAW FIRM, PC</u>
	<i>Name of law firm</i>

IN THE UNITED STATES BANKRUPTCY COURT  
DISTRICT OF MONTANA  
BILLINGS DIVISION

IN RE: ROBERTS , MISTY LEE  
CLEMONS , JAMES DARIN

CASE NO

CHAPTER 13

**VERIFICATION OF CREDITOR MATRIX**

The above named Debtor hereby verifies that the attached list of creditors is true and correct to the best of his/her knowledge.

Date 02/27/2023 Signature /S/ MISTY LEE ROBERTS  
Misty Lee Roberts , Debtor

Date 02/27/2023 Signature /S/ JAMES DARIN CLEMONS  
James Darin Clemons , Joint Debtor



AKIDOI INC.  
P.O. BOX 1570  
RED LODGE, MT 59068

ALLY FINANCIAL, INC  
ATTN: BANKRUPTCY 500 WOODARD AVE  
DETROIT, MI 48226

ALPINE HOME  
IMPROVEMENTS, LLC  
PO BOX 2313  
RED LODGE, MT 59068-2313

ARM SOLUTIONS  
PO BOX 3666  
CAMARILLO, CA 93011-3666

BANK OF THE WEST  
180 MONTGOMERY STREET 25TH FLOOR  
ATTN: BANKRUPTCY  
SAN FRANCISCO, CA 94104-0000

BARCLAYS BANK DELAWARE  
ATTN: BANKRUPTCY  
PO BOX 8801  
WILMINGTON, DE 19899-0000

BUILDERS FIRST SOURCE,  
INC.  
5519 20TH STREET E  
TACOMA, WA 98424-0000

CAPITAL ONE  
PO BOX 30285  
ATTN: BANKRUPTCY  
SALT LAKE CITY, UT 84130-0000

CARBON COUNTY TREASURER  
PO BOX 828  
RED LODGE, MT 59068-0000

CB1, INC.  
PO BOX 7429  
MISSOULA, MT 59807-7429

COMMERCIAL COLLECTIONS  
OF AMERICA, LLC  
2180 W GRANT LINE RD. STE 202  
TRACY, CA 95377

CORBUS MONTANA  
PROPERTIES TRUST  
PO BOX 204  
RED LODGE, MT 59068-0000

CREDIT COLLECTIONS  
BUREAU  
PO BOX 9490  
RAPID CITY, SD 57709-0000

CREDIT ONE BANK  
ATTN: BANKRUPTCY DEPARTMENT  
PO BOX 98873  
LAS VEGAS, NV 89193

CREDIT SERVICE CO., INC.  
960 S. 24TH W. STE D  
BILLINGS, MT 59102

CREDIT SERVICE COMPANY  
PO BOX 80908  
ATTN: BANKRUPTCY  
BILLINGS, MT 59108-0000

FIRST PREMIER BANK  
PO BOX 5524  
ATTN: BANKRUPTCY  
SIOUX FALLS, SD 57117-0000

G BARCLAY CORBUS  
PO BOX 204  
RED LODGE, MT 59068-0000

G. BARCLAY CORBUS  
PO BOX 204  
RED LODGE, MT 59068-0000

GB COLLECTS, LLC  
1253 HADDONFIELD BERLIN RD  
VOORHEES, NJ 08043-4847

IRS  
PO BOX 7346  
PHILADELPHIA, PA 19101-7346

JOSEPH MANN & CREED  
20600 CHAGRIN BLVD. STE. 550  
COLLECTION AGENCY  
SHAKER HEIGHTS, OH 44122-5340

MICHAEL J. KLEPPERICH  
490 N 31ST ST STE 500  
BILLINGS, MT 59101-1267

MCCARTHY, BURGESS, &  
WOLFF  
26000 CANNON ROAD  
CLEVELAND, OH 44146-0000

MIDWAY RENTAL  
PO BOX 5450  
KALISPELL, MT 59904

MT DEPARTMENT OF LABOR &  
INDUSTRY  
MONTANA UNEMPLOYMENT INSURANCE  
DIVISION  
PO BOX 6339  
HELENA, MT 59604-6339

MT DEPT OF REVENUE  
PO BOX 7701  
BANKRUPTCY UNIT  
HELENA, MT 59604-7701

MT DEPT OF REVENUE  
BANKRUPTCY UNIT  
PO BOX 7701  
HELENA, MT 59604-7701

NAVIENT  
PO BOX 9640  
ATTN: BANKRUPTCY  
WILKES-BARRE, PA 18773-0000

JACQUELINE PAPEZ  
P.O. BOX BOX 1185  
HELENA, MT 59624

PAYPAL CREDIT  
PO BOX 5138  
TIMONIUM, MD 21094-0000

PJ PROPERTY MANAGEMENT  
AND TREE REMOVAL SERVICE,  
LLC  
PO BOX 2313  
RED LODGE, MT 59068

PORTFOLIO RECOVERY  
ASSOCIATES, LLC  
ATTN: BANKRUPTCY 120 CORPORATE  
BOULEVARD  
NORFOLK, VA 23502

PRACTICAL TAXES INC.  
PO BOX 21285  
BILLINGS, MT 59104-0000

RADIUS GLOBAL SOLUTIONS,  
LLC  
PO BOX 390846  
MINNEAPOLIS, MN 55439

REVENUE ENTERPRISES LLC  
ATTN: BANKRUPTCY  
PO BOX 441368  
AURORA, CO 80044

SEAN RICHARDS  
PO BOX 2562  
RED LODGE, MT 59068

STATES RECOVERY SYSTEMS  
ATTN: BANKRUPTCY  
PO BOX 2860  
RANCHO CORDOVA, CA 95741-0000

SYNERGETIC  
COMMUNICATIONS, INC.  
5450 N.W. CENTRAL #220  
HOUSTON, TX 77092-2016

TARGET NB  
C/O FINANCIAL & RETAIL SERVICES  
MAILSTOP BT PO BOX 9475  
MINNEAPOLIS, MN 55440

TOWE, BALL, MACKEY  
PO BOX 30457  
SOMMERFELD & TURNER, PLLP  
BILLINGS, MT 59107-0457

U.S. ATTORNEY - BK NOTICES  
U.S. COURT HOUSE  
2601 SECOND AVE. NORTH  
BILLINGS, MT 59101

US DEPARTMENT OF JUSTICE  
700 GRANT ST SUITE 3110  
PITTSBURGH, PA 15219